RESTRICTED

TRANSCRIPT OF PROCEEDINGS

CONFERENCE ON VENEREAL DISEASE CONTROL

18 SEPTEMBER 1944

HEADQUARTERS,
SECOND SERVICE COMMAND
GOVERNORS ISLAND, N. Y. 4, N. Y.

VENEREAL DISEASE CONTROL CONFERENCE

18 SEPTEMBER 1944

Headquarters Second Service Command
Governors Island
New York 4, N. Y.

LSCO

Individuals Attending
Venereal Disease Conference
18 September 1944

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Governors Island, New York

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P R O G R A M

TIME

0945 - 0950 Address of Welcome
Major General T. A. Terry, Commanding General, 2nd Service Command

0950 - 0955 Introductory Remarks by the Service Command Surgeon, with an analysis of our problems with the return of overseas troops
Colonel C. L. Walson, M.C.

0955 - 1000 Remarks by the Third Naval District Surgeon
Rear Admiral E. V. Reed, U.S.N. (M.C.)

1000 - 1005 Venereal Disease Control as a Command Function
Brigadier General Ralph K. Robertson - Commanding General First Military District

1005 - 1015 "The Position of the Liaison Officer in the Service Command's Program for Control of the Venereal Disease Among Military Personnel, and How Contact is Maintained with the Civilian Agencies"
Lt. Col. Albert E. Russell, U.S.P.H.S.

1015 - 1020 Remarks by the Fourth Naval District Surgeon
Capt. C. W. Ross U.S.N. (M.C.), 4th Naval District, Philadelphia, Pa.

1020 - 1030 "How the State Health Department Accomplishes Its Follow-up of Contacts Submitted on WD MD Forms 140, with a Criticism of Present Information Contained in These Reports"
Dr. James H. Lade - Director, Division of Syphilis Control, New York State Dept. of Healt

1030 - 1040 "A Discussion of Common Errors in the Examination of Female Contacts for Gonorrhea, with Suggestions for Technique of Examination"
Dr. Glenn S. Usher - Chief, Bureau Venereal Disease, New Jersey State Dept. of Health

1040 - 1050 "Why the Community is Interested in the Control of Venereal Disease, and What the Community May Expect in the Post-War Period"
Dr. I. Jay Brightman - Director, Syphilis Service, City of Buffalo, New York

1050 - 1105 "The Community's Stake in Venereal Disease Prevention"
Thomas E. Connolly - Social Protection Division,
Federal Security Agency

1105 - 1120 "The Negro Community's Share in Venereal Disease Prevention"
Edward Taylor - Social Protection Representative,
Federal Security Agency

1120 - 1130 RECESS

1130 - 1145 "The Educational Activities of the American Social Hygiene Association, Especially with Regard to the Armed Forces"
Blake Cabot - Director, Division of Public Information

1145 - 1200 "Law Enforcement and Community Organization Activities of the American Social Hygiene Assn. Affecting the Armed Forces"
George Gould - Asst. Director, Division of Legal and Protective Activities of the A.S.H.A.

1200 - 1215 "Common Problems in the Apprehension of Civilian Contacts as Reported on Forms 140"
Hon. Lewis J. Valentinve - Police Commissioner
City of New York

1215 - 1225 "The May Act, When and How it Should be Used"
E. E. Conroy - Special Agent in Charge Federal Bureau of Investigation, Dept. of Justice

1225 - 1235 "Juvenile Delinquency - A Problem and a Challenge"
Judge Stephen S. Jackson - Justice, Domestic Relations Court,

1235 - 1250 "A Resume of the Activities of the New Jersey Alcoholic Beverage Commission for the Past Six Months, with Recommendations for Future Cooperation"
Alfred E. Driscoll - Commissioner, ABC Control, Newark

1250 - 1305 "Control Measures Recommended to Hotel Owners to Eliminate The Hotel as a Place of Exposure"
R. K. Christenberry - President, Broadway Association

1305 - 1320 "How the State Restaurant and Liquor Dealers Association Police Its Members, and Future Plans to Assist the War Department in Its Fight to Control Venereal Disease"
Rule Marwede - President, S.R.L.D.A.

1320 - 1330 "Brewing Industry Assistance in Maintenance of Good Conditions in Retail Beer Outlets"
E. Anthony Gorton - Army-Navy Cooperative Program, Brewing Industry Foundation

1330 - 1430 LUNCH

AFTERNOON SESSION

1430 - 1440 "The Chaplain's Role in the Venereal Disease Control Program"
Capt. Charles T. Rochester - Chaplain Branch, 2nd Service Command

1440 - 1450 "The Venereal Disease Control Program in the Third Naval District
Lt. Commander Burke, U.S.N. (M.C.)

1450 - 1500 "The Eastern Defense Command Venereal Disease Control Program"
Major William S. Smith, M.C. - Venereal Disease Control Officer, E.D.C.

1500 - 1510 "The Program for Venereal Disease Control at the New York Port of Embarkation"
Major O. D. Schwartz, M.C. - Venereal Disease Control Officer, N.Y.P.E.

1510 - 1520 "The Venereal Disease Control Program in the Air Corps"
Capt. Forrest R. Yohe, M.C. - Venereal Disease Control Officer, Army Air Base, Mitchel Field, N.Y.

1520 - 1530 "Plans for Routine, Periodic Conferences of Venereal Disease Control Officers Representing Ground Forces, Service Forces, Air Forces, Eastern Defense Command, Ports of Embarkation, and Navy"
Major L. N. Altshuler, M. C. - Venereal Disease Control Officer, 2nd Service Command

1530 - 1540 "Common Deficiencies in Contact Reporting with Recommendations for their Correction"
Colonel H. L. Marsh, M. C. - Chief, Preventive Medicine & Inspection Branch, 2nd Service Command

1540 - 1610 RECESS

1610 - 1635 "The Latest Results of Penicillin in the Treatment of Venereal Diseases"
Dr. J. F. Mahoney - Director, Venereal Disease Research Laboratory, U.S. Marine Hospital, Staten Island, N.Y.

1635 - 1655 "Gonorrhea"
Dr. P. S. Pelouze - Special Consultant, U.S.P.H.S.

1655 - 1700 Round Table Discussion

1700 - ADJOURNMENT

GENERAL KELLY: First of all, I would like to express my appreciation for you people coming here today and meeting with us to discuss this very important problem of the control of venereal disease. This is a problem that is not new to the Army and it is not new to you gentlemen, but it is something we have to check on occasionally to see that we are overlooking anything, if any new developments are arising; if any new situations develop which require added attention or a different kind of attention.

We have been watching the incidence of venereal disease in this service command for some years. In fact, we have weekly reports coming into my headquarters. I watch each report myself. While the personnel that pertains strictly to the service command has a splendid record so far as venereal disease is concerned, we have, as you know, a great many troops passing through this service command on their way overseas and a great many now returning from overseas. These are the troops that cause us at the present time the greatest concern. It is among these troops that we have found recently a decided rise in the incidence of venereal disease.

Now, all of you gentlemen know that very few cases occur wherein a man in uniform contracts venereal disease on a military or naval station -- it is generally in the surrounding country -- so in view of this rise in the rate of infection we thought it would be well to ask the interested agencies in this very important subject to meet with us and discuss the various situations that are present in the various communities surrounding our military establishments and to see if perhaps we have overlooked something, if there is a new approach that we should take, new facts we should consider; and I hope out of this conference, gentlemen, that we can arrive at some outline of a plan to attack this problem more vigorously and more effectively.

I am sorry that I cannot be with you during the conference. I have other duties this morning. I have a Russian general coming over that I've got to take care of this morning and get him fixed up. However, I have looked over the agenda for the conference and I think it is splendid and I think that out of the very subjects to be discussed here we will all derive great benefit.

Again I want to thank you for coming here and meeting with us and taking a part in this discussion, and I hope that we will all get great good out of this conference. I thank you.

MAJOR LEWIS: Colonel Wilson right up until the last minute expected to be here this morning and today and preside at this conference, but he has had a slight infection of his foot. Although he is very much better

[illegible] advised that he shouldn't come out here and stand on his feet all day, so that I have the privilege of pinchhitting for him. The following are the remarks Colonel Nelson would have made if he were here.

The agenda before us calls for a very busy day and it is desired that each speaker keep within the time limit allowed in order that there may be a free discussion by those with much experience who may not be listed on the program. These conferences have been held periodically at Governors Island. They date back to the days prior to the tragedy at Pearl Harbor. Most of you here today, representing our very important federal, state, law enforcement, social hygiene, and commercial agency, have participated in these meetings.

Always there has been a fine spirit of mutual cooperation, a willingness to work together to accomplish our most worthy mission. This team work, our eternal vigilance, prompt aggressive action when and where indicated is essential for successful operations.

As heretofore, we will circulate to all those present a transcript of the proceedings. Following these meetings, my office studies -- and I hope each of you do also -- the minutes carefully with a view of correcting deficiencies called to our attention and for the purpose of obtaining new contructive ideas. Our last conference, held 14 January 1944, proved very helpful to the Second Service Command Venereal Disease Control Officer, and from reports received, many who attended expressed themselves likewise. Today I hope the trend of the meeting will show that each of the represented agencies did go back to his field of endeavor and execute his task more completely.

This is no time for a let-down in our efforts. Many military men are returning from overseas, some as rotational personnel, others the sick and wounded. Many of these men are heroes. Naturally, they should be received as such; at the same time protected from evil or misguided influences, patriotic or otherwise. Mass hysteria, improper emotional impulses, must be reckoned with. We hope and pray for the surrender of Germany in the near future. This will bring home more men in the conflict.

Peace seems inevitably to be followed by a let-down in the general conduct of both men and women. This has been the experience in history. During the early stages of World War I, the venereal disease rate in the Army reached 107 per 1000 per annum; in 1918 this was reduced to 94 and in 1919 to 66. However, in 1920 the rate jumped again to 79. The interest of the civilian communities in venereal disease control was a patriotic duty during the war; their interest lagged as soon as the war was over and this was reflected in the increased rate.

Unless the civil authorities continue their enthusiasm for a program of venereal disease prevention, we can anticipate a marked increase in the incidence of these diseases, both among the military and civilian populations.

These, ladies and gentlemen, are our problems and I hope out of this conference we will get some information or at least an inspiration along the proper lines of approach so that we may do something to curb the rate of venereal infection which we are now experiencing in the Armed Forces.

This morning's session will be devoted to speakers representing federal, state, county and municipal agencies and non-official organizations. The afternoon session will deal more with military venereal disease control problems at posts, camps and stations.

In reading over the proceedings of our last meeting a few months ago, Colonel Walson listed a few items that should be answered today, and for your convenience a copy of this list in questionnaire form has been given you. It will be appreciated if you could make an ap ropriate entry where applicable in your case. If you can't give the answers off hand and must wait until you have consulted your records, will you mail them in to the Surgeon, Second Service Command, Governors Island? If you can comply before leaving this morning, leave them at the table in the lobby.

The first speaker we have this morning is Rear Admiral Reed, District Medical Officer, Third Naval District.

REAR ADMIRAL REED: Good morning, ladies and gentlemen. I have no prepared remarks but the statistics for the Naval District will be given by Dr. Burke, who is our Venereal Disease Control Officer, later on in the program.

As you know, this matter of venereal disease control is influenced by a great many different factors, but when you boil it all down the prevention depends on how successfully we locate the sources of infection and treat them and cure them; and that is where for a number of reasons we are weak.

In the first place, the reports from the infected men in the Army and Navy are often incomplete. Sometimes what information we get is inaccurate, but whenever sufficient information can be obtained and reported to the health authorities, for various reasons with which I am not entirely familiar, very few of those women are found and treated, a very small percentage. Dr. Burke will give you the figures on that so far as the Navy is concerned. Until we can be more successful in locating the infected women and treating them, we are not going to get very far.

Our men who are infected are usually located fairly early and restricted until they can't communicate the disease. They are not a serious problem in the civilian community, but the infected women in the civilian community are our great problem. As we can more successfully deal with that problem, with our newer methods of treating venereal disease we are going to cut down and eventually eliminate venereal infection. I think with the new remedies we can do that if it is pushed by all the agencies concerned, and that is the only way we are really going to get results. Thank you.

COLONEL MARSH: "The Position of the Liaison Officer in the Service Command's Program for Control of the Venereal Disease Among Military Personnel, and How Contact is Maintained with the Civilian Agencies." Lt Colonel Albert Russell, Liaison Officer of the Public Health Service for the Second Service Command.

LT COLONEL RUSSELL: Colonel Marsh and friends: I will tell you a little bit of the problems of the Liaison Officer in Public Health. It has been my pleasure to serve with the Second Service Command for almost four years, and our problems in venereal disease have remained very much the same. However, I think we have systematized procedures and we can handle reports in a much better way than we did earlier.

As the name implies, my activities are liaison. My principal work in venereal disease at the present time is the handling of epidemiological reports which come from the state local health departments where a civilian patient has developed a venereal disease and named a soldier as the source of infection. It is my duty to take these reports and identify, if possible, the organization where the soldier is located and to contact the Medical Officer and ascertain the soldier has been diagnosed, and placed under treatment. These epidemiological reports are sent, as I said, to the Medical Officer in charge of stations or battalions. We get prompt response, and many times the case has been diagnosed and is already under treatment. Other times we find that the soldier has been wrongly accused.

New York City being the greatest port of embarkation in the world, many soldiers have furloughs before going overseas; and when we get reports many are already overseas. Some of these reports have adequate information; many of them have inadequate information. Where we have proper identification, we get practically 100% response from Medical units overseas.

I know you who are civilians have been plagued with reports of inadequate information the other way around. You get the wrong name, the wrong address and now we can come back to you and say the same thing. You do not always get the proper identification from civilians where the soldiers are involved. However, the APO numbers, ASNs, are rather confusing, and we have to send back many of these reports for additional information. Many times the girl herself doesn't know. But all in all, these reports are expedited and we got, as I said, very good response.

Our office also maintains contact with the FBI and provides confidential information to them upon their request. We have also maintained friendly relationships with the Brewing Industry Foundation and with the various police departments, and assisted the Service Command in work where these agencies are concerned.

More recently, I have been receiving reports of Venereal Disease in discharged seamen from the Maritime Training Stations in this vicinity and have been able to report to the Health Departments in the community where the seaman is returning.

Earlier in my work as Liaison Officer, the Public Health Service provided a number of educational films for use in basic training. These have been distributed and used through the cooperation of the Signal Corps. We also maintain in our office kodachrome slides provided by the Surgeon General's Office of the Public Health Service, Venereal Disease Division. These depict in beautiful illustrations the diagnosis and differential diagnosis of venereal disease conditions. I have been requested by a number of Medical Officers for use of these slides in their stations in teaching and lecturing Medical Officers in the recognition and diagnosis of lesions of syphilis and other venereal diseases.

As Liaison Officer, I am called on frequently to provide printed information, reprints and bulletins from the Public Health Service in Washington. That service is still available. If there are any publications you, as Medical Officers, desire, you may send your request to me. We are able to provide them in almost any quantity desired. We have also been able to provide posters and educational material designed for the layman or common soldier.

There are many and various ramifications of my work as Liaison Officer. Those are the principal ones at the present time. We have cooperated with the Social Protection Agencies of the Federal Security Agency in locating and getting attention called to the brothels and places of assignation and calling the attention to the local law enforcement agencies. Our problem now, as you know, is the pick-up girl, and we cooperate with the ABC Boards, the Brewing Industry Foundation and other agencies to try to overcome this very difficult situation. I believe this outlines in general my activities. Thank you.

COLONEL MARSH: I am going to ask General Robertson, Commanding General of the First Military District, which includes the Metropolitan area, to say a few words.

GENERAL ROBERTSON: Admiral, Colonel Marsh, and gentlemen: My remarks will be directed solely to the military under my command. I have but one belief on this subject, and that is the responsibility rests squarely on the immediate commanding officer of the troops. At the present moment I have a superior Military Police battalion in New York City, and there is not a single venereal case in it, and there has not been in some months, with one exception, where a new man was sent in and joined the battalion. It is what is known as the 1240th Service Unit, which is performing military police duty in various sections, like railroad stations, train riding, and so forth. In the past two years they have had four cases of venereal disease. That, to my mind, bears out the proposition that it is solely, as far as the military alone is concerned, a matter of control by the immediate commanding officer. It can be done.

We have some colored troops here. We have had three cases in the past three months in a small detachment of M.P.'s. The men there are being changed frequently, and that is the reason that we have not been able to sell those people on the idea the way I would like to. I realize gentlemen, that it is difficult to control it absolutely, but it is not impossible.

In a colored regiment which was stationed here for a while, in which the venereal rate would vary somewhat and was considerably above that of the white troops, I became fairly well acquainted with the colored officers of the regiment, and in one company the captain, who had been an enlisted man and had risen through the ranks, saw every man in his company before he went on pass and when he came back, and he had a better rate than the white companies just because of his own control.

I am not going to make any statements about the professional angle of it. I might say to you that when you attempt to look for the source, that it is a pretty difficult problem. That is probably the problem which several of your speakers here today will bring home to you. I don't profess to know how it can be handled.

I see the Police Commissioner here, and I think he is the one who told me they looked up some records about the source, and they said the source was military, the place was Central Park, and the result fifty cases. That is not exactly definite.

Speaking again solely for the military, I think that the officers immediately in command have that responsibility. We tried on various occasions to say this to the officers: Sell the soldier the idea that first he owes his duty to the government in time of war to keep himself well, secondly, his orders require it, thirdly, it is a matter of loyalty to his own organization, and last but not least, I said to them, "I can't believe that a soldier is just so plain ignorant that he doesn't want to be a well man."

One of my officers who had considerable experience in this work said, "Well, General, that sounds fine, but when the fellow is 'four sheets to the wind' he doesn't think of any of those arguments." I suspect that may be true.

We have prophylactic stations in both of the railroad stations, the Grand Central Terminal and Pennsylvania Terminal, and also in the Bronx-Harlem Hospital, and in our units, 66th Street and 55th Street. We believe that they do good work, and we believe in bringing home to the soldier the idea that keeping himself well is one of the great sources of freedom from venereal disease so far as the soldier is concerned. Thank you.

COLONEL MARSH: Thank you, General Robertson.

The next speaker is Dr. James H. Lade, Director of the Division of Syphilis Control, New York State Department of Health, who will talk on the subject, "How the State Health Department accomplishes its follow-up of contacts submitted on WD MD Form 140, with a criticism of present information contained in these reports." Dr. Lade.

DR. LADE: Colonel Marsh, I am glad to have this opportunity of reporting the gross results of the investigation of the contacts of soldiers with infectious venereal disease which have been reported to the New York State Department of Health. It should be understood at the outset that the New York State Department of Health has immediate jurisdiction in the upstate area only, and this report does not pertain to New York City. The data which I will presently cite do not include those of the major local health jurisdictions in the upstate area, namely the larger cities and the county health departments, for their representatives are here to report for themselves.

It may be well to discuss in general the organization through which this work is handled, and the policies which govern it, particularly those which pertain to contacts which were not followed. Most of you have received reports returned by us with various notations on them without an investigation having been made. All contact investigation in areas not covered by full-time health officers is carried out through the twenty district offices of the State Health Department. Though some of this work may be parceled out by the District Health Officer to individual nurses who are particularly adept at it, most contact investigations are initiated, or carried through entirely, by a physician, either the District Health Officer or his assistant. For the duration of the war the Commissioner of Health, Dr. Godfrey, has made this work the first order of business for the district offices, excluding emergencies such as the present polio epidemic and, in some areas, tuberculosis. This step was taken, however, solely to halt transmission of venereal disease, not simply to find late cases of syphilis, which is regarded as a promotional activity better suited to peace time. Of course, a considerable proportion of the reports we receive, especially those pertaining to men recently inducted, are in respect to late cases of syphilis.

In accordance with this policy no effort has been made to find the person named as contact when the diagnosis of the soldier has been late syphilis, on the assumption that the contact also will be non-infectious. No investigation is made of those contacts of gonorrhea cases in which the date of onset of the soldier's symptoms is more than two weeks after the stated date of exposure, or, in syphilis, in which more than three months have elapsed.

I hope that sometime today there may be verbal discussion of the sort that has, I might say, raged by correspondence between us and some of the military who felt that we should look up Susie Jones even though the stated

date of the first symptoms of the soldier did not happen until a month after he had been with Susie Jones.

I am told by some of my colleagues among the military that this situation may arise through the concealment by the soldier of the actual date of onset of his infection because of fear of discipline. I would suggest that in such situations the date of onset, which is stated categorically to have been when the first symptoms appeared on such and such a date, be stipulated as questionable or unknown, when this appears to be the most accurate representation of the facts.

Sometimes we do investigate these when the work involved is small; that is, when the girl is definitely named and we have an address to go to. Then it is merely a matter of a postman's job. Otherwise the amount of work involved is very extensive.

Have any of you seen the recent number of the J.A.M.A., in which Florence's case history was cited? Florence was a colored girl. It was in "Tonics and Sedatives" regrettably, as it should have been in the editorial section. The man hours or personnel hours that go into finding indefinitely named contacts are very large. Sometimes when we look up one of these people indefinitely named we do find she is infected, but of course the yield is relatively pretty low.

The final category of contact information which we do not follow is only mentioned for sake of completeness. These are those unidentifiable for lack of adquate information.

Excluding the reports of contacts in the non-infectious stages, and those with grossly inadequate information, there were 1327 reports received in the twelve-month period ending July 1 of this year. These were mostly gonorrhea, of course, for 1103 pertained to that disease. Despite the longer incubation period of syphilis, the contact information pertaining to that disease was better than that for gonorrhea, for 80% of the syphilis contacts were considered identifiable, while only 70% of gonorrhea cases were in that category.

The results were that 63% of gonorrhea contacts named, regardless of the character of the information, and 77% of the syphilis contacts were found. If we exclude those that were indefinitely named, or rather not named at all, or with no address to give you a starting point to find the person, 96% of these identifiable syphilis contacts were found as compared with 89% of the identifiable gonorrhea contacts. It is perhaps needless to say that these people in the identifiable group required less time per contact by a great deal than the vaguely named people who required a great deal of pseudo-detective work. In pooling the results of all venereal contacts, including syphilis, gonorrhea and chancroid, 65% of those named were found.

Among the gonorrhea contacts 48 % of those examined were found infected, while 40% of the syphilis contacts had the disease. In other words, in about one of two contact follow-ups, the work was fruitless. Not all of these were new cases, for a total of 62 of these infectious cases had been found before the contact reports had been received. But 45 new and infectious cases of syphilis and 284 cases of gonorrhea were discovered during the twelve-month period as a result of information furnished by the Army.

In summary I can say that contact information received from the Army in upstate New York during this period was superior to that previously received in the proportion of named contacts considered identifiable on the basis of information received, and I am sure that that comprises a great amount of work in education of medical officers and in supervision of detail in order to achieve that rise. I cannot compare it with previous figures because our mode of collection of information is a little bit different than it was before. A total of only 329 new infectious cases was discovered through the investigation of 1345 contact reports, even after the screening I have described.

For this reason we still feel that there is a need for screening this information because of the large investment of personnel hours, and though we will use every bit of information we can get, I hope this discourse will permit you to understand that though we are fully appreciative of the great boon your contact information is in helping us in our job, we cannot follow up every bit of information we get from the Army.

COLONEL MARSH: Thank you very much, Dr. Lade. I am sure that we are glad to have a little better report from you than we had the last time.

The next subject is, "A Discussion of Common Errors in the Examination of Female Contacts for Gonorrhea, with suggestions for Technique of Examination," by Dr. Glenn S. Usher, Chief of the Bureau of Venereal Disease, New Jersey State Department of Health. Dr. Usher,

DR. USHER: I received this assignment on a couple of days' notice, so that I cannot undertake to give an exhaustive discussion on this subject, but I will mention a few of the things that are the errors that come readily to mind when on thinks of the examination of the female contact.

In our experience the most common source of error in the examination of the female contacts is no examination at all. It is a constant source of amazement to me to see every once in a while on a report of investigation on a gonorrhea contact, "Blood test negative". Of course, we have to follow through on that again and see that an examination is made, but there seems to be a reluctance on the part of many physicians to perform examinations on these contacts. Some physicians don't seem to believe in contact investigations.

In other instances we find the old, old story, "Well, I knew Mary Jones and I have known Mary Jones for twenty years. She can't have gonorrhea."

Secondly, the discharge of the patient if she has no clinical signs of the disease. Very frequently a physician will look at the cervix. If the cervix appears normal, he says she can't have a gonorrhea and he discharges her without even a smear or culture. We all know the fallacy of that. The fact that is somewhere between 10% and 20% of the cases of chronic gonorrhea in women have no clinical signs of the disease at all. That has been shown by a number of workers; and we have seen it repeatedly in the work that we have been doing among the migrant farm laborers. This summer we have been examining migrant farm laborers routinely for gonorrhea and we have been getting 20% positive. Among those it is not at all infrequent to find cases that have no clinical signs of the disease at all.

The third error we might mention is being satisfied with one examination. I think we all realize that the laboratory methods at our disposal for the examination of people for gonorrhea are not satisfactory. They definitely miss a certain proportion of the case. To be reasonably certain that the patient does not have gonorrhea, we feel that at least three examinations should be made.

Fourthly, that of being satisfied with the smear examination. It has been shown again and again that cultures are superior to smears -- much superior. In our gonococcus culture program which we have in New Jersey, we have a program whereby the service is available to every physician in the state, the specimens being sent in by mail through a technique developed by my predecessor just before the war. With that procedure we are getting 98% more positives that are obtained by smears taken concurrently. In other words, we get practically twice as many positives with our culture program as are obtained by smears taken concurrently from the same patient.

Fifthly, the error of taking the specimen from the vagina from the vaginal wall. That is still done in general practice. The error of that is obvious. It is the error of taking only a urethral culture or only a cervical culture. The specimen should include both urethral and cervical specimens. Incidentally, even with our culture program we advocate both smears and cultures to be taken at the same time. In spite of the great superiority of our cultures, there are some cases that will be positive to the smear and negative to the culture.

The most common error perhaps is in getting the smear too thick or too thin, but usually too thick and the use of stains other than the gram stain. In my opinion there is no other stain which is ready to replace the gram stain. After all, the gram stain is certainly as satisfactory as any stain that has been developed for gonorrhea, and I see no reason for its replacement. It is a simple technique to use.

Next are the errors in taking cultures. With the program that we have, the specimens being sent through the mail -- which incidentally, while I am on the subject, is available to any of the military establishments in New Jersey, some of them already using it and it being available to any of them that want to use it -- in that procedure we make use of a slant with a modified Pizer's medium, and over that slant is carbon dioxide. Once in a while a physician in taking a specimen will tip the culture too. When that happens the carbon dioxide runs out like water and your specimen is apt to be no good. Care has to be taken at the stations where the specimen are accepted to keep the incubator atthe proper temperature. In one of the stations we found that the medium was being chocolated because the temperature was so high. The specimens have to be returned to the incubator within three hours. The technique has to be followed closely in order to get good results.

Then there is the matter of placing entire reliance on laboratory results. I think all of us in medical school have had it drummed into us again and again that the laboratory is simply an aid to the clinician in the use of his judgment. That certainly applies in gonorrhea. In many instances the clinical signs will be present and the patient will be named as a source of infection, perhaps on two or three occasions, but we cannot get positive laboratory results. The question that I have in mind is: Why not treat those patients? If we take those cases and study them long enough, the great majority of them will be found to have gonorrhea. The treatment that we have available today is comparatively non-toxic. In my opinion they should be treated even though the diagnosis of gonorrhea may perhaps not be made. In other words, we are urging physicians to give equal consideration to clinical evidence, to epidemiologic evidence, and to laboratory evidence.

There is the matter of antiseptic douches, as another point, which the patient may take prior to examination. If a case technique is used I think there is some question as to whether they will actually interfere with the results of the examination: That is, if the vagina is swabbed out and the cervical plug is removed and then the cervix is milked with the blades of the speculum, I don't think that antiseptic douches interfere very greatly with the results of the examination, but I think that all possible precautions should be taken against that. As a suggestion, I would suggest that in taking specimens, before the urethral specimen is taken, that the Skene's gland be milked to get any secretions from there. I would suggest also that the cervix be milked with the blade of the speculum.

With the penicillin treatment which is coming up, I think it has become even more important than previously to examine these patients carefully for any evidence of syphilis, because if they have acquired syphilis at the same time that they acquired the gonorrhea, the penicillin is apt to suppress the signs of syphilis. Also after penicillin treatment

the patient should be examined for syphilis perhaps a month later or two months later, sufficiently long after the treatment to detect the positive blood test if it is there. Thank you.

COLONEL [illegible]: I am going to ask Captain Ross, who is the District Medical Officer of the 4th Naval District located in Philadelphia, if he won't say a few words. The Naval Districts and the Service Commands are not co-terminus and part of our Service Command is also part of the 4th Naval District. Captain Ross.

CAPTAIN ROSS: This was entirely unexpected on my part, Colonel, but I assure you that the 4th District is making every effort to report contact. In my observation of the contact reporting system, the weakest point in the whole system is the individual officer aboard ship or at a naval station who makes out the report. Naturally, these units have men who come up with venereal disease and through, perhaps, some misguided sense of honor frequently do not like to name the girl if they know the name. Secondly, they frequently don't know the name of the girl except the nickname. In the third place, oftentimes they are somewhat befogged by alcohol and they may not know the street number of the girl's apartment. But a great deal of it proceeds merely from a sense of shame and, as I say, a sort of misguided idea of being honorable -- not squealing.

If the Medical Officer whose duty it is to make out the report will sit down and take a little time, a lot of times he can tease or pry out of this particular man information that he would not have gotten otherwise. The approach to that is, of course, one of the individual judgment of the Medical Officer concerned.

In our District we have enlisted a specialist who used to be an investigator in the Philadelphia Venereal Disease Program, a man who has a great interest in the thing, and we have used him as a traveling emissary to the various ships docking in the Philadelphia Navy Yard and other stations to instruct at least one of the leading hospital corpsmen on one of these ships in the method of getting this information out of these men. We do find that a little preliminary talk by a First Class Petty Officer or Army Sergeant in interviewing these men before they see the Medical Officer is very helpful, and in this conversation the Petty Officer will get a lot of things out of them that the commissioned officer would not get. Then he sees the doctor and the report is made out. We found that worked out fairly well. Our weakest point in the 4th District is the individual Medical Officer who makes out the report.

COLONEL [illegible]: Thank you very much, Captain. Along the lines that you have mentioned, I don't want to anticipate too much but our Venereal Disease Control Officer, Major Altshuler, I think, this afternoon is going to talk on a school for enlisted men's aides, control aides, to be instructors along these same lines.

We now hear from Dr. I.Jay Brightman, Director, Syphilis Control Service, City of Buffalo. "Why the Community is Interested in the Control of Venereal Disease, and What the Community May Expect in the Post-War Period."

DR. BRIGHTMAN: Colonel Marsh, ladies and gentlemen: This dissertation is really a description of how Buffalo, a city of over a half million population, is attempting to meet its venereal disease problem.

The venereal disease division of any health department, no matter how excellently organized and how efficiently functioning, cannot hope to accomplish its purpose if it acts as a "lone wolf!". In its case finding program it requires the assistance of industry and labor for the performance of large scale physical and serologic examinations, and of the police to supplement the work of its public health nurses in tracking contacts of known cases. In both the case finding and case holding programs, it requires the aid of the medical profession, first in the interrogation of patients regarding contacts, and second in the rendering of adequate treatment and the notification of the health officer when infectious patients become delinquent in therapy. In a city like Buffalo where 75% of the cases of syphilis are under the care of private physicians, a good relationship between the medical profession and the health department is essential for a good program, and a health officer who is persona non grata among the practicing physicians might better pass his chores along to a more pleasing and tactful personality. The courts must be invoked to deal with delinquents who defy the persuasive measures of the health department. The police department must be depended upon to suppress all forms of prostitution and all other processes which facilitate promiscuity, such as disorderly drinking places, and rooming houses and hotels which lend themselves to immoral purposes. The probation office and the welfare agencies must be made to play their role in rehabilitation of sex delinquents. For its educational activities, the support of the schools, churches, parent associations, youth organizations, pharmacies, press and radio, as well as that of tavern owners and pool room and bowling alley proprietors, must be enlisted. Above all, the venereal disease control officer must rely upon private voluntary agencies to cooperate in all the above mentioned endeavors and to interpret to the public the purposes behind the campaign.

This arousing of community interest is not easy. The venereal disease control officer looks with envy upon his brother in charge of general communicable diseases. In an outbreak of poliomyelitis, such as Buffalo and the other areas have recently been experiencing, the health officer has difficulty in keeping up with the public in the latter's urgent demand for action regardless of the known efficacy of any given procedure. To syphilis and gonorrhea of which the epidemiology, therapy and prophylaxis are well known, of which the incidence over a year's period by far outranks that of the more popular infections, the public is more apt to turn a deaf ear. Last winter the health committee of an important civic organization requested a presentation of the actual figures for venereal disease in

Buffalo. When told that Buffalo's problem in wartime was that of all major cities and that 1943 figures for early syphilis had shown a rise of 23% above the pre-war years, the committee took the attitude that if the rise was no greater than that of other cities and could easily be attributed to the wartime upheavals, there was certainly no need for concern and no action was to be recommended.

Yet a community can be aroused by concerted action. When a committee was appointed to arrange a Social Hygiene Day program last winter, it was voted to make the day mean something more to the public than simply to hear a few speeches and then to forget about the subject for the rest of the year. Social Hygiene Day was considered to be a day of accounting whereby representatives of all the interested agencies referred to before were to be called upon to discuss their past contributions to the fight against V.D. and to present their plans of how they could do even more in the future. At each future annual meeting, these said agencies will be expected to show how well their plans have been kept. Previously a social hygiene committee was appointed each year to prepare a Social Hygiene Day, and with the conclusion of that day's activities, the committee promptly died. This year, at the request of the Health Department, the Committee voted itself into permanent existence. It is headed by a lay chairman who is very prominent in the community, particularly in church groups, and its members come from various interested agencies. At present the University of Buffalo Schools of Medicine and Pharmacy, the Junior and Senior Chambers of Commerce, the Health Department, the Medical Society, the Council of Social Agencies, and the Tuberculosis Association are represented. Industry and labor are expected to join in the near future. This committee meets at the request of the director of the Syphilis Control Service and serves as an unofficial advisory board to him, as a watch-dog to observe what cooperating outside agencies are doing, and as a planning board for community demonstrations throughout the year as well as for the February Social Hygiene Day.

There seems little doubt that the idea of holding outside agencies to account has stimulated the activities of these agencies in the venereal disease problem as well as to arouse the interest of the community as a whole. The educational program has been able to go a long way. The press has shown willingness to accept news releases from the Syphilis Control Service for the purpose of keeping the public informed. The Junior Chamber of Commerce has twice contributed its weekly radio time to V.D. education. Requests for speakers for civic and youth clubs have been so numerous that a speakers' panel has been created to meet the demand. During March 1944 the local transit corporation granted free space, and 400 large posters were placed on the outsides of buses and trolley cars throughout the city. Posters have been placed in the washrooms of all types of public places. Through the courtesy of the local Tuberculosis Association a worker has been secured to carry the program into pool rooms and bowling alleys, where films are shown, pamphlets distributed and questions answered. This worker also supervises the placement of automatic film demonstration machines in taverns and other public places.

The effectiveness of an educational campaign is difficult to evaluate. The reaction to the posters on the buses and trolleys was considerable and to both extremes. The Health Department was told by many that the propaganda was the best thing the city had ever done along health education lines. By others, it was told that the plastering of the city with the words "syphilis" and "gonorrhea" in huge red letters was disgraceful. On the whole, the reaction was favorable, but only one person reported to the Health Department for a blood test as a direct response to the posters. On the other hand, several individuals with genital lesions and urethral discharges have reported promptly to the Health Department or to the city clinics stating that they had seen the posters in the public washrooms. How many patients were directed by these posters to private physicians is, of course, impossible to say.

Buffalo's figures on early infectious syphilis for the first six months of 1944 show a decrease of 20 cases compared to the last six months of 1943, but an increase of 36 cases over the more corresponding first half of 1943. We have no reliable figures for gonorrhea because of the poor reporting cases, but based upon the cases reported by the armed services as having been contracted in Buffalo, the ratio of gonorrhea to early infection syphilis is 15 to 1.

The number of reports received from the military and naval services referring to cases of venereal disease allegedly contracted in Buffalo has remained fairly constant of late. During the three successive six-month periods between January 1943 and June 1944, the total numbers of reports received were 138, 142, and 142 respectively, of which extra-marital reports comprised 127, 105, and 93 respectively.

I think our figures for what we have been doing with Army contact reports might be of interest. As you know, Buffalo is the largest city in upstate New York. In the year's time between July 1, 1943 and June 30, 1944, we received 286 reports naming 273 individuals. We'll group all early infectious venereal disease. Of these, 153, or roughly 60%, had sufficient data to warrant investigation; and of these 153, 117 were found. On percentage basis, we found early infectious diseases, either gonorrhea or syphilis, in a ratio of 15 to 1 with 21% infectious V.D. per contacts named, 38% infectious of the total contacts given to us with sufficient data, and 50% infectious of the contacts which were found and examined.

The trend toward infection of servicemen by amateurs of "patriotutes" is continuing. During 1943, 82% of all contacts reports named amateurs, 10% named street prostitutes, and 8% brothels. For the first six months of 1944, 92% of such reports named amateurs, 5% street prostitutes, and only 3% brothels. The police are attempting to deal with the amateurs as well as with the prostitutes and have been bringing in many girls who were noted to have entered taverns alone, have themselves picked up by servicemen and accompany them to motels and rooming houses. Actually it has not been the policy for the police to place charges against these on a first offense, but they are referred to the Health Department for examination, and it is hoped that the whole experience will deter them from further

pursuit of this type of adventure. One distressing feature is always noticable during the summer months, and that is the abandonment of the rooming houses in favor of the city's parks. Between June 1 and September 5, 19 reports from the armed services referred to out-of-door exposures compared to 23 exposures occurring in rented rooms.

We are trying to do a great deal and particularly to direct our efforts most productively, but we can hardly say that we are licking the venereal disease problem. We have presented our approach and at the same time hope to gain something by learning the ideas of other communities.

COLONEL MARSH: Thank you very much, Dr. Brightman. The next speaker is Mr. Thomas D. Connolly of the Social Protection Division, Federal Security Agency, who will speak on "The Community's Stake in Venereal Disease Prevention".

MR. CONNOLLY: Colonel Marsh, ladies and gentlemen: When the Eight-Point Agreement was adopted in the fall of 1939 by the Army, Navy, Federal Security Agency, State and Territorial Health Officers and the American Social Hygiene Association, it was understood that every available means would be taken to prevent the acquisition of syphilis, gonorrhea and other venereal diseases by members of the armed forces and civilian war production workers. Since that time, untiring efforts have been made to prevent and control the venereal diseases. Although we may sometimes become alarmed by sudden increases in infection rates in particular communities, there is solace in the fact that the efforts of all of us have not been in vain, and without the cooperation being extended by all parties to the agreement the rates would unquestionably be very much higher. The fact that organized prostitution has been reduced to a minimum in America is one of the great social contributions of World War II.

The venereal diseases know no race or creed. They strike all classes of society and are acquired essentially under comparable circumstances. Little does it matter who the victim is, he or she is still a menace and a liability to society until treated, self-respect is restored and the patient is assisted in again assuming a normal place in the ranks of a civilian population.

Health Departments, the armed forces, public and private voluntary agencies are not individually equipped to control the venereal diseases. Only through the carefully coordinated activities of all community forces may we hope to know the full extent of our venereal disease problems and how best to tackle them. Surely a physician may treat venereally infected patients endlessly if no attempts are made to learn and locate the source of their infections. Likewise, our police may arrest promiscuous persons repeatedly, if attempts are not made to hold them for examination, treatment and indicated reformative care. It is only by searching sources of contact and preventing multiple contacts, that we may hope to drain the strong reservoir of venereal infection which exists in many American communi

That is the community and why place so much emphasis upon it in a discussion of venereal disease control? You and I and our families, aided to normal democratic living by our churches, schools, clubs, public and voluntary agencies, contribute to make up the American community. It is the bulwark of our American way; it is usually autonomous, keenly conscious of its virtues and not always ashamed of its shortcomings. It is from the routine of military life to the American community that our servicemen go during their free time. It is the place where they hope to find friendship, stimulation and complete acceptance as decent men and women. The community is no cleaner than it wants to be. Because of constant changes in the social complexion of our communities due to population shifts and wartime pressures, our citizens more and more feel the need for the planned social protection of their neighbors as well as the visiting military. A program resulting from the crystallized thinking of all officials of the community, who best know their local needs, is the one direct and hopeful approach to the realistic problems of our day. No amount of sophisticated claptrap communicated from afar will in the least influence our people. Getting down to their local level, however, and working with them on their problems which they and their influence may best resolve is the one effectual, progressive and dynamic approach to social change. The Division of Social Protection of the Federal Security Agency, through its representatives distributed about the United States and the Possessions, work with the individual communities in cooperation with the Army, Navy, U.S. Public Health Service, State and local health officers, as well as the American Social Hygiene Association, in planning for the total elimination of prostitution and for prevention of the venereal diseases. In this State, the New York State T. B. and Health Association renders excellent cooperation through its chain of county Social Hygiene and Social Protection Committees.

The old practice of arresting so-called immoral women, ordering them to leave town or imposing short arbitrary jail sentences has long since proven ineffectual, from the public health as well as the police standpoint. Such women ordinarily lose no time in quickly establishing themselves in adjoining communities, much wiser and more furtive as a result of their experience. Ideally, when it is established that a person is sexually promiscuous, that person should be held for examination and necessary treatment, either under the Code of Criminal Procedure or a section of the Public Health Law, whichever is applicable to the particular political jurisdiction. Before releasing a venereal disease patient from custody a plan should be formulated for that person's welfare. We are warned that promiscuity breeds disease. It is obviously not enough to provide treatment for a promiscuous person when she becomes infected; it is equally necessary, whenever possible, to prevent her return to the ranks of the promiscuous if we wish to reduce sources. It has been the experience of the Division of Social Protection that social agencies in most American communities are ready and willing to render some assistance to venereal patients in order to aid in their total rehabilitation. Certainly completion of the clinical processes may eliminate infection, but the patient may still be socially maladjusted and in need of some counsel or more extensive social services lest he or she shortly reappear at the V.D. clinics.

Searching out the sources of infection appears to present the most difficult problem to the various interested agencies at this time. Only the most complete information is available may ready results be obtained in contact tracing. Again, the combined efforts of all forces of

the community may best be used in this service. Certainly, when "Mary with the dark eyes" is unknown to the local nurse, she may be known to the local policewoman. This will not come to light, however, if the available information is filed, rather than circulated. To fail to exert every effort to locate a contact is tantamount to sabotage of the national health program. Lip service to this principle is not enough. In the communities where the cases are occurring, public officials who control the policies and the pursestrings must be made aware of the necessity for providing an ample number of trained case finders who can, with minimum loss of time, locate and bring to examination persons named as sources. Time must be taken to build up an active public interest in venereal disease prevention, a corresponding organized concern on the part of our public officials, in order to get concrete action of this type.

Recently, in a New York State community, there was much of what one might call "mud slinging" by some citizens because of so-called "vice conditions" in the village. An official of the village summoned representatives of the nearby Army and Navy installations, his public officials, including health, police, school and welfare, as well as some of the local clergy and the Social Protection Representative. The chief objective of the meeting was an analysis of the community from a health and welfare standpoint. After each attendant at the meeting had given his version of the causes of the high V.D. rate, a plan of action was agreed upon to control the situation. A representative of the local tavern owners association who was present agreed with the police chief that certain establishments were encouraging the patronage of unaccompanied teen-age girls and that the practice should be stopped. The tavern association agreed to censure the particular tavern owner first. If his cooperation was not guaranteed, they would refer the establishment to the police, who in turn would take steps through the State Liquor Authority to have the place closed. The local judge promised to desist from ordering girls out of town, upon learning that the local social service agency had facilities for counselling such girls in an endeavor to direct them into more wholesome and legitimate use of their time. The local health commissioner promised to afford better cooperation to the military and the school principal explained a program of extra-curricular activities designed to keep teen-age high school pupils off the streets at night. The results of the meeting were not so much lip service since the V.D. figures have since dropped by fifty per cent due to concerted community action. From present indications the rate will drop further, chiefly because the village has been helped to proceed with its problem on the basis of an organized approach with concrete procedures. The Social Protection Committee is a continuing process of coordination of all community forces aimed at improved living conditions for their civilian neighbors, as well as the visiting military.

The leaders of one community in this State successfully closed the houses of prostitution after a long and vigilant campaign to arouse public support. So grateful were the residents, particularly parents of teen-age children, that they immediately asked for some assurance that the houses remain closed. A meeting was then called among City officials, social agencies, American Social Hygiene Association and the Social

Protection Division to devise ways and means of keeping the houses closed permanently. Likewise, measures were considered to educate the community to the hazards of organized prostitution, so that those sores which had so long persisted might eventually be altered. When prostitution becomes a local tradition (if not a lucrative local industry) it takes more than federal legislation to completely eliminate it. Only the combined efforts of Army, Navy, federal and state agencies, local health bodies, educators, clergy, social workers, police and other community agencies may adequately remove this blight from the American scene.

Syphilis, gonorrhea, and the other venereal diseases present a serious challenge to the American community. Every branch of the law is in some way concerned with their prevention and control. The promiscuous girl as well as her little sister, who may be a potential sex delinquent, need the benefits of the best of our spiritual, educational, health and law enforcement groups. We can hardly plan for community welfare on the local, state or national level without considering the role of sexually promiscuous persons, the chief spreaders of syphilis, gonorrhea and other venereal diseases. To ignore these diseases as a potent factor in the decline of national health and well-being is indeed shortsighted.

Since the Services have promised to release no venereally infected persons, it becomes the obligation of the community to assist the returning serviceman and servicewoman to take their places in civilian life under those improved social conditions for which they have risked their lives.

COLONEL MARSH: One of the problems which we face, and which was touched upon I think by General Robertson this morning, is the fact that our colored troops have much higher rates of venereal disease than the white troops. On the chart to your right, those black lines illustrate the monthly rates of venereal disease among the colored, and the red are the rates for the whites. I point that out now because the next speaker, Mr. Edward Taylor, Social Protection Representative of the Federal Security Agency, is going to speak on "The Negro Community's Share in Venereal Disease Prevention". Mr. Taylor.

MR. TAYLOR: Colonel Marsh, ladies and gentlemen: I have tried to draw a statement based not on my own imagination but based purely upon some of the experiences and some of the comments that have come to our attention during the period that we have been working with the several communities through New York, New Jersey, Delaware and Pennsylvania in this field of venereal disease control. The negro community is certainly a part of the total community. If all things on community levels were equal, the statement of the previous speaker would be sufficient, and there would be no need for giving special attention to the "Negro Community's Share in Venereal Disease Prevention". But things, in the majority of negro communities are not equal in terms of economic standards, housing, health, educational and recreational facilities; and also police protection, as compared with other community divisions within a given city or township. These differences invariably reflect themselves through substandards in living, poor health, minimum academic school levels, and allttypes of juvenile and adult delinquencies which, of course, include sex delinquencies.

In order to be consistent in our thinking, we must recognize that attacks must be made simultaneously by specialized groups on each of the elements that contribute to poor living. We, of this conference, are concerned with the control of venereal diseases; so properly, my statement is restricted to one regarding a community program in that single field.

The negro community's concern in a social prevention program should exceed that of other communities; first, because of the health hazards due to the excessively high prevalence of venereal disease within its population, and second, because of the adverse effects that this high prevalence has in job placement opportunities. Yet negroes as a group are apathetic, and in some instances even unconcerned regarding the V. D. problems. To understand such apathy and unconcern, we much know something of the psychology in negro thinking along these lines. Negroes generally are apprehensive regarding statistical data pertaining to high prevalence rates. So many obstacles are placed in the paths of negroes that they have come to regard statements about the prevalence of the diseases as further attempts to discredit them. A discussion of the arguments that are used by many negro leaders to refute existing data would be worthless at this time. We should, however, think positively on methods for making the most efficient use of reliable data such as has been provided from the study of the prevalence of syphilis among the first two million selectees. This body of statistics is considered reliable because the chances for poor reporting by private practitioners are removed.

There is an important job of V.D. control to be done in negro communities, and to be accomplished it must be with negro leaders participating in the plans for the job to be done. No program will be successful if conceived, planned and operated from without rather than by full participation from within the community. Now that unbiased prevalence rate figures are available through Selective Service, responsible agencies, federal, state and local, working in the field of venereal disease control, have a basis for initial program planning with communities.

The first steps in this planning must be interpretation of the problems to community leaders and the development of a "Leadership Training Program". In our attempts to interpret the high prevalence rates of syphilis among negroes, we find it helps to include Dr. Thomas Parron's explanation that appeared in an earlier publication. In effect, Dr. Parron says that the negro race has not been in contact with syphilis as long as some other races, and as a consequence its effects differs biologically in them from that in the white group. He further indicates that the charge of greater promiscuity among negroes as a reason for the increased prevalence is not entirely true, and where there is promiscuity among black or white races it occurs in groups and communities of the under-privileged. That single statement generally puts all participants at ease and removes fears of attempts to discredit.

The second step has to do with the expenditures of public and private funds being made available for venereal disease control. There must be a constant vigilance to insure the expenditure of funds in those areas

where there is the greatest need. All too often the largest and best facilities are established in areas where they are least needed and/or where they are least accessible to the people in greatest need of the facilities. This means that community leaders, through their committees, must constantly keep public officials and executives of private agencies constantly informed of the problems and of the areas of greatest need, so that there can constantly be a shifting of personnel and re-allocation of funds to the areas of greatest need. Then, too, all responsible officials must be made to regard venereal disease as a health problem and therefore treat it as such, rather than committing them to make a purely moral issue of the disease and consequently look upon it as a problem to avoid.

The Social Protection Division is helping to fuse the activities of law enforcement, health departments and social serving agencies in an attempt to meet community needs and to eradicate the diseases to the point where it is impossible to spread them. These efforts are not fully meeting the problems, especially those presented in negro communities. All too often the standards established for negro communities are lower than those established for white communities. This is evidenced by the fact that frequently, for health reasons, negro communities are placed "off limits" to white troops, but in those same communities negro troops are permitted to be frequenters. If a community offers a hazard for one group, it also offers hazards for other groups. The more appropriate solution would seem to be to see that the community is cleaned up and made safe for all.

This brings us down to the third and final step. That is the part that military authorities can play in a community program. By virtue of sheer circumstance, military authorities can be the hub around which venereal disease programs are spun at this particular time. Despite the continuous intensive V.D. education programs being conducted at military establishments, the V.D. rates among negro troops at most camps continues high. It is significant that in those camps where rates among white and negroes have been appreciably reduced, there has been constant participation in nearby community V.D. activities by the venereal disease control officers and the provost marshals.

At a nearby camp where the curve downward has been sharp in V.D. rates among negro troops, the education program has been based first on the demand for good health and physical fitness, and second on racial pride. This "in camp" educational program is supplemented by regularly scheduled meetings of civilian law enforcement authorities, health and welfare authorities representing state and local governments, who meet at the camp to exchange ideas on how difficult problems are being or can be met. In addition, there is a negro subcommittee in one nearby city, appointed by the mayor, to help with the V.D. problem in the local population. The camp V.D.C.O. is in constant contact with this committee, working on an over-all program, and in some instances on individual cases. To be effective, these kinds of contacts and relationships must be continual. Once every so often is only a waste of time.

Military authorities can also be very helpful by advocating better civilian policing in negro neighborhoods. One of the most frequent complaints we hear from negro leaders is that relating to inadequate and inefficient policing in negro sections. The same goes for inadequate public supervision of bars and grills and dance halls. Now, these are civilian responsibilities in terms of operations, but experience has proven that state and local officials are generally anxious to cooperate with military authority.

For economic and health reasons, the negro community has a disproportionate share in venereal disease prevention, but the negro's share is entirely related to that of the entire community, for like other communicable diseases, as long as venereal diseases are prevalent in one group, they are a constant threat to other groups.

[illegible] will have a brief recess.

COL. MARSH: The next topic is, "The Educational Activities of the American Social Hygiene Association, Especially with Regard to the Armed Forces." Mr. Blake Cabot, Director of the Division of Public Health Information of that association. Mr. Cabot.

MR. CABOT: When I was assigned to speak at this conference of Army, Navy and civilian experts on venereal disease, I remembered a little story I read in Life Magazine recently. This was one of a series of interviews with a group of United States Rangers who had just returned home. One of them told the Life reporter the story of the colonel who told him to go forward and knock out a machine gun nest. When he began to tremble the colonel said, "What are you nervous about?" He said, "I'm not nervous, sir, I'm just shaking with patriotism."

I have been assigned to discuss the educational activities of the American Social Hygiene Association, with particular reference to the armed forces. I would like to tell you briefly some of our educational work which is aimed at controlling or affecting the habits of the individual in such a way as to protect his own health, and those educational activities which have the purpose of obtaining effective community action. Our educational work has been of direct assistance to the armed forces, and most of it has been of assistance also to the community. I think that all of the work we have been doing has been designed and has helped to strengthen the venereal control program of the armed forces. It is well known in the control of venereal diseases that the program is, so to speak, indivisible. The program of the military and the civilian program interact and affect each other.

Since the war mobilization the A.S.H.A. has put aside some of the long-range aspects of its program and has devoted its major resources to backing up, augmenting and helping to implement the war-time venereal disease program aimed at protecting the members of the armed forces, as well as industrial workers, from prostitution and venereal diseases. We work under the eight-point agreement mentioned by the previous speaker, which defined the activities of the Army, Navy, the U. S. Public Health Service, Social Protection Section, and our own organization, our assignment being particularly in the field, getting community support and action. I will tell you briefly some of the things we have accomplished, some of the problems we have had, and some of the techniques we have used to solve these problems.

Early in 1943, in order to meet the war situation more effectively, the association decided to set up field or regional offices. Field offices were set up in each of the Army service commands. These were placed in charge of men who had training in community organization and public health education. Their job was to give all possible help to the armed forces and to the communities. They have operated on the basis, in the first instance, of continuous holding of conferences with the venereal control officers in the naval and military establishments in their areas, and conferences with civil authorities, particularly public health and law enforcement. As far as the armed

forces are concerned, in their conferences with the venereal disease officers they have helped where their help was asked for in the planning of educational campaigns and programs in the various camps and installations. These campaigns were for the education of the general personnel and non-commissioned venereal disease officers.

One of the things we have been doing is to provide a great amount of educational material. Just a few figures: We have provided without charge to the Army and Navy about two million of one of our leaflets called, "So Long Boys"; over 400 prints of four films, over 65,000 posters, and many other leaflets, pamphlets and posters in smaller quantities. This was of particular importance because during most of this period at least the men in the camps did not have funds for the purchase of educational material. We also send our Journal and News to venereal control officers, which has helped I believe as a sort of clearing house of information. Also these contacts and conferences with the venereal control officers have helped to maintain a continuity of experience in the educational field, particularly since of necessity these officers are changed frequently.

The other main job these men have is to serve as a liaison with the civilian authorities, particularly law enforcement and health, and also with civilian leaders in the community, with the major purpose of explaining to the leaders in the community the problems the Army and Navy meet in their control program, and therefore of getting the support and the action of the part of the community in such a way that the program will be strengthened.

I would say that in general the community activities are stimulated by our field representatives having been members of the headquarters staff designed to reduce the number of contacts by servicemen with infected women. The kinds of activities we have stimulated in the various communities include law enforcement against prostitution, passage of laws where needed, public understanding of the whole problem, in some instances mass blood testing, individual health education, expansion of medical and epidemiological facilities, and so on.

As a matter of fact, it has been our experience in most cases where it has been made clear to the community authorities and leaders that they have a specific, definite and primary role to play in assisting the Army to keep down the number of venereal diseases, that we have gotten action on a bigger scale than ever before.

Different methods have been used in different communities, and some new techniques have been worked out or at least improved. As one example, in Chicago where 50% or so of the Army contacts were among the colored troops and were traceable to the South Side, our field representative in that area held conferences with both white and negro leaders in Chicago, and they are looking forward to setting up a negro and white Social Hygiene Committee that will attempt to meet this particular problem.

Another approach that has been used in many communities, not only instigated by us but by other agencies in the field, has been the intensified community-wide campaign using all the mass media, with a limited time set for the campaign, and with specific, concrete, limited objectives to be reached.

In Dallas, for example, there was such a campaign which started with a conference between the Army, civilian authorities, business leaders and social agencies to deal with the problem of the high number of infections traceable to Dallas. The meeting led to the decision to run a campaign. The money was raised, and the business people participated in the campaign. They used the radio and press and put on quite an advertising campaign, using posters, billboards, a tremendous distribution of leaflets, and so on. I don't know the exact time period, but it was done intensely for the duration of the campaign. We participated in it, and our field representative was in on the planning. We provided material and advice as to the outline of the proposed campaign.

Campaigns of this type, as probably most of you know, have been held in Florida, where among other things they used an airplane to drop a quarter of a million leaflets over one of the Florida cities. They have been held in New Orleans, Nashville, St. Louis, and many other cities. All of them had the aim of strengthening the program of the armed forces. Some of them were initiated by us, by our field representatives, and affiliated societies, and in all of them we participated in one way or another. Most of them have borne good results which are measurable in terms of decreased rates of infection in nearby Army or Navy areas and better community programs, control of prostitution, suppression of prostitution, and so on. I think this type of campaign will be used more and more and will be an effective method for the future.

One other method I think is of particular interest, which we have used in an industrial city in Illinois near an Army area. At one time there had been 80 houses of prostitution, both colored and white. When the Army came in they were all closed down. But there wasn't a sufficient understanding of the problem to keep them closed. By now there are about 50 in operation. The Army rate went up and down with the opening and closing of these houses. It seems impossible to get enough citizen support to close them once and for all.

Our field representative suggested the formation of an Industrial Health Committee, which would be formed by management and by labor, with participation by various other people including the health agencies and so on. This idea met with favor. The leading firms in the town have joined together. Trade unions are participating. The Manufacturers Association is planning to put up the money. They will form an Industrial Health Committee and put on a program we hope sometime

during the next year. The objective is to carry out a health education plan in the firm itself and in the town. We feel with the business community, plus labor, we will get sufficient strength to do what we had been unable to do before, put sufficient weight of opinion behind the drive to knock out the prostitution.

This campaign was based on experience gained in a Brooklyn health project which is still in operation in which the A.S.H.A. had some part in the operation. We found here in innumerable instances enormous interest on the part of labor and management in this venereal disease problem as well as in the general health problem. We have done a concerted promotional job among the trade unions particularly. At the present time nearly one hundred trade union papers, with a publication of several millions, have run a series of articles. We are also getting out two manuals, one for trade unionists and one for management, which will give a very concrete outline on how to set up a venereal control program, with emphasis on education in industry.

I would like to say just a few words on one or two of the outstanding problems in the field of educational work aimed at the individual. What we are trying to get the individual to do is avoid exposure, protect himself during and after exposure if he exposes himself, and if both of these fail, to obtain prompt medical care if he is infected. It is difficult to evaluate this kind of educational movement. In community educational work we can see the work we have done. It is very hard to know what kind of leaflet or film or lecture is going to work.

I would like to read to you another story that appeared in a series of interviews with the returning rangers, and what one of the boys said on being questioned by the reporter: He said, "First I was in a line company; then I ruined my feet. Both my arches dropped in Sicily. Then I was a driver, then a maintenance sergeant. I had lots of fun in Italy. Those girls at Lucrino and Naples, you could love yourself to death over there. I damn near got married; a nice-looking girl, weighed 110, nice broad hips the way I like them, so if she is walking along you could climb right up and sit on the side if you wanted to, only of course you wouldn't want to." I read that because it describes probably typically the power of the urge, and in this particular instance in very well-defined terms. In this material where we ask them to avoid exposure, we are working up against a very powerful urge.

I think we have to learn, and we are learning slowly, to make our leaflets particularly specific, with clearly understandable objectives, and in terms of the interests and psychology of the individual. I would like to mention, as examples of this, the new Army leaflet which has been distributed here, which I think is a beautiful example of really trying to meet the problem. Another one is, "The Facts of Life," produced by the Third Air Force. I also would like to mention the fact that in our own material now in production we are trying to

apply the newer techniques of advertising, of simplicity, of common sense, to our educational work.

We are learning to solve a problem which has been posed this way by Dr. John Stokes: "An educational program must rest upon a scientifically examined and sound factual basis. It must be apparent that here the educational agency is suffering under a grave handicap. Fact and theory appear to be two different things. The prunes at the intellectual table of the schoolm'am, and the beer and garlic of the realist's diet, must somehow be brought together." We are trying to get a little more beer and garlic into our material.

Finally, I would like to stress again that in my opinion our experiences have shown the effectiveness of the concentrated community-wide campaign, making use of all mass media; the enormous importance, now and for the future, of developing industrial programs which will enlist the support of the business community and of millions of trade unionists and of unorganized employees as well; the importance of learning to improve our materials and to use advertising techniques that have been proven to sell, and, as I say, to get more beer and garlic into them. Finally, our program has been designed since mobilization to help the armed forces. We have devoted all our resources to that, and we plan to continue to do so until the war is over.

COL. MARSH: Another representative of the American Social Hygiene Association, Mr. George Gould, will speak on: "Law Enforcement and Community Organization Activities of the American Social Hygiene Association Affecting the Armed Forces." Mr. Gould.

MR. GOULD: For more than 30 years the American Social Hygiene Association, which, as my able colleague Mr. Cabot said, is a national voluntary health organization, has been a working partner of official governmental agencies in the field of venereal disease control. All of us know the Eight-Point Agreement as well as the statement dealing with relationships of the four federal agencies, the U. S. Public Health Service, the Social Protection Section, the Army and Navy, and the American Social Hygiene Association, particularly in outlining their functions and services and how they can work together as a team to safeguard the health and welfare of the men in the armed services and the industrial war workers.

Under this agreement the Association has done several things: One, made studies of prostitution and related conditions—those are confidential studies—in communities near military and naval establishments. Two, we have studied, made analysis of, and drafted necessary legislation for the prevention of venereal disease and for the repression of prostitution. Three, we have assisted in the building up of social hygiene committees referred to by previous speakers as well as stimulating those committees and already existing committees in arousing the public for a better venereal disease program.

During 1943 the Association assisted in the improvement of venereal disease control and prostitution laws in more than 27 states. More than 11,000 reports in 1943 based on 700 confidential surveys in 580 communities were distributed to federal, state and local health authorities who were able to use this information as a basis in dealing with the problems affecting the members of the armed forces, industrial workers and the civilian population.

When I was in law school, our professor made us read numerous cases to understand the principle of law. With your permission, I'd like to follow the same procedure and present a number of cases, or should I say "situations" which we dealt with in the several states comprising the several service commands.

In a southern state in the Fourth Service Command, a state where there were numerous important military and naval establishments, the Army officials were greatly distressed with the continuing rise of venereal disease rates. This happened about a year and a half ago. With their encouragement—that is, the Army and Navy officials—an Association representative went into that state, made a study, interviewed military and naval officials, the civilian population, individuals who were leaders in the population, law enforcement and health officials, and numerous other interested persons. The findings revealed one outstanding thing. The law enforcement officials in this particular state wished to do a good job but just couldn't have the laws—"tools", if you please—for their operation for the control of venereal disease as well as for the prevention of prostitution. The findings were placed with the Governor, who took a real interest and called together a conference of the various agencies interested. As a result of that conference, laws were drawn up and presented to the legislature, and I am glad to say during that legislative session more than 20 laws dealing with prostitution and venereal disease control were enacted; and I believe they are doing a better job because they have the tools to work with.

In the Seventh Service Command, as sometimes occurs, the relationship between the law enforcement officials and the health officials in a particular community wasn't too good. The Army had been pampering those boys, if you please, and trying to get them to work together. Finally a non-official worker of the American Social Hygiene Association met with both the law enforcement and the health officials, and it was just a little thing. The policeman did not want to pick up any particular person wanted by the health department because he said he did not have authority to do so. We introduced a health warrant which gave security to the police officials, and all the health authorities do now is write out a health warrant and send it over to the police officials and the individual desired is usually apprehended.

In the Third Service Command, which also is a very important naval district, there was a great deal of trouble regarding the apprehension and the quarantine of infectious persons with venereal

disease. One of the American Association representatives entered the situation with the encouragement of the Navy officials, and stimulated the citizenry to create a Social Hygiene Committee. We brought about the establishment of adequately well-equipped isolation hospitals, which has helped the situation somewhat.

In the Eighth Service Command, a community which has been known to recognize a segregated area of prostitution for a number of years was having difficulty and was a problem to the nearby Army officials. A non-official worker again was asked to come in and help. Interviews, conferences, meetings were held, and with the support of the other four official agencies mentioned a moment ago, the city was able to give up its segregated area of prostitution.

In another community located in the Ninth Service Command--and I think this is one of the best observations made as to the law enforcement techniques suggested by the American Social Hygiene Association--an affiliate aroused the people during the election month to oust their mayor who was interested in maintaining coditions which were detrimental to the health and welfare of the men in the services. A new mayor was elected. When I visited that state, the president of the State Social Hygiene Committee told me that he had discussed the situation after the new mayor was in office, and here is what the Venereal Disease Control Officer said to him when he asked him whether there was any improvement. He said before the election 90% of the infections--that is, the contacts--were made on a certain street in their particular community; after the election, when the officials were given support, less than 20% of the infections came from that particular street, again justifying the work of the local affiliate of the American Social Hygiene Association.

The Social Protection Section representative again in another community in the Ninth Service Command asked the service of an American Social Hygiene Association representative, a trained lawyer, to go in and help him work out a difficult situation. It appeared that the law enforcement people hesitated to quarantine or isolate in their city jail--and rightly so--recalcitrant patients with venereal disease. The Association representative discussed the situation with the district attorney who said that there was no constitutional right for the police officers to do this particular service. Certain interviews were held. It was determined that there was constitutional right to follow through in assisting the city hospital officials to do their job, but there was need for an isolation hospital or a detention hospital; and the Association was able to come in as a non-official agency discussing the legal problems with the law enforcement officials, pointing out the need for their support in this particular program of venereal disease control.

Finally and generally, the American Social Hygiene Association serves as a clearing house of its tested experiences during the last

31 years in the field of venereal disease control. It exchanges, and wishes to continue exchanging its tested experiences with the communities, with the states and the other agencies interested in this work.

I may conclude that the Association has been able to make this contribution because of the encouragement of the Social Protection Section Army and Navy, U. S. Public Health Service, other federal agencies, as well as other state and local law enforcement officials, and, of course, the public generally. Thank you.

COL. MARSH: The next speaker, Police Commissioner Lewis J. Valentine needs no introduction. His topic is, "Common Problems in the Apprehension of Civilian Contacts as Reported on Forms 140."

COMMISSIONER VALENTINE: Colonel Marsh, ladies and gentlemen: I was interested in what Dr. Brightman said about the parks in Buffalo, and he congratulated the Park Commissioner upon the beautiful shrubs. You may remember that when General Robertson spoke, he mentioned that Valentine said something about Central Park. Let's go back a couple of years. We have a number of major parks in the City of New York—most cities have—and they are a great problem to us because of their size and the uneven terrain and the thousands of places of concealment. I told General Robertson a couple of years ago that Central Park was probably the largest place of assignation in the world. It still stands. Dr. Brightman said that their records showed that large numbers of rooming houses, disorderly houses, houses of assignation, were abandoned during the good weather from spring to the fall. Central Park and a number of other parks here are a great problem to us. It requires a large assignment of policemen and policewomen, but even then it is impossible to control the entire area.

We are all concerned, of course, very much concerned, with the venereal disease problem, and it is a huge problem in a city the size of New York. We are very much concerned about the professional prostitute or the commercial prostitute, but that woman or girl is not the problem that the clandestine or the promiscuous girl is to us, the so-called teen-age or "Victory girl." You'd be amazed at our statistics showing the large number of children—little girls—that run away from home. We call them runaways—we don't arrest them because they are so young—but they are loaded with TNT because a large percentage of them have been destroyed and are infected with those loathesome diseases. Relatively recently, we had a little girl only 13 years of age murdered in a disorderly house, an old hotel in the lower part of Manhattan. She was killed by a serviceman. She had been reported missing in her home city in Pennsylvania.

We take every precaution that we can think of to prevent their being destroyed. I mean by that that we cover the bus terminals, we cover the railroad terminals, we cover the main routes coming into the City of New York, but they get here, and each year there has been a larger number of them picked up and a larger number of them found to

be suffering from V.D.

I have a statement that was prepared for me that goes into this subject briefly. I don't want to talk very long because I think that we are running behind our time, but it is interesting, particularly some of the statistics.

The problem of suppressing prostitution while not a new problem with the Police Department, has become considerably more difficult due to the war. The vital necessity for protecting members of the armed forces from venereal infection was immediately recognized and the full responsibility of the police with regard to this social protection was fully realized. The need for rigid enforcement of all laws relating to vice was impressed upon all commanding officers of this Department, particularly where members of the armed forces were concerned.

In order to supplement the squads of the Police Commissioner, the Chief Inspector and Borough and Division Commanders, the Division of National Defense was established on January 26, 1942. The primary purpose of this Division is to act as a liaison agency between the Police Department and officials of the Army, Navy, Coast Guard and Marine Corps, and the largest portion of its work has been in the suppression of vice conditions affecting members of the armed forces.

Times Square is a problem. Go up there any week-end night, Saturday, Sunday, holidays. The sidewalks are wholly inadequate to take care of the crowds. Anything is apt to happen up there. Thousands and thousands of members of the armed forces of all branches are there. The great recreation center, the mecca for everybody that comes to New York, and incidentally the mecca for a large number of our commercial or professional prostitutes and for the little girls that we are so much concerned about. We have a patrol of policemen and policewomen up there day and night, men and women from the Juvenile Aid Bureau, to pick them up; but unfortunately when we get there they are gone. Then we hold them and send for their parents, and if they are infected turn them over to the Health Department, and then hope with a prayer that they will stay home; but they won't. "How are you going to keep them down on the farm once they've seen Gay Paree?" That's what happens to the kids who come here.

Times Square with its many forms of recreation and attractions brings thousands of members of the armed forces to this area daily. In many cases these members go to this area for their last fling before embarking for foreign soil. The bars of restraint are let down and the company of a prostitute or other female of loose morals is sought. Although some cases of infection contracted by members of the armed forces undoubtedly are the result of this last fling in New York City, in many other cases the contact was made before arrival in this city. The reports submitted by the armed forces through our Health Commissioner indicate whenever the contact was made outside of the city.

To combat this evil in the Times Square area, special patrol has been established consisting of 12 policemen and 12 policewomen from the Juvenile Aid Bureau, to work in civilian clothes from 10 P.M. to 6 A.M. daily. The duties of these members of the Department are to visit dance halls, cabarets, bars and grills, railroad and bus terminals, motion picture houses and other places where service men are known to congregate or visit. During the year 1942, this unit apprehended 431 girl runaways, of whom 64 were found to have venereal diseases. During 1943, 587 girl runaways were apprehended, of whom 71 were found to have venereal diseases. From January 1, 1944 to and including August 31, 1944, 568 girl runaways were apprehended, of whom 107 were found to have venereal diseases. This indicates a considerable increase in the number of runaway girls and also an increase in the percentage of those having venereal diseases.

Runaway girls who are apprehended are not arrested. An effort is made to contact their parents and have them returned to their homes. If the girls are found to be suffering from a venereal infection, they are placed in the custody of the Hospital Department of the City of New York until cured and then returned home.

The Police Department also cooperates with the armed forces through the Health Department. Whenever a complaint is received by the Health Department from the armed forces regarding venereal infection, if a known prostitute is involved, the complaint is referred to the Police Department for action and report. In the event the subject is located but there is insufficient evidence for an arrest under Section 887 of the Code of Criminal Procedure, the Health Department is immediately notified by telephone and they in turn invoke Section 343 of the Public Health Law of the State of New York, which gives the Health Department and health officers the authority to sieze and detain for treatment any person suspected of having a venereal disease.

In connection with all arrests of women in the City of New York, they are arraigned in the Women's Court; and if they are charged with any form of vice or prostitution and we are unable to sustain the charge and the woman is acquitted or discharged, pending the disposition of the case she is examined; and if she is found venereally infected, she is forced in. We call it a "force in". She has been acquitted of the criminal charge, but she is forced in under the Public Health Law into one of our hospitals, particularly Bellevue, and detained there until released by the physicians.

During 1942 and 1943, a serious problem was presented by a numerous large hotels located in the midtown area of the city, which catered exclusively to prostitutes and servicemen. Arrests have been made of owners of several of these hotels and the practice has been discontinued.

In one instance, an action was brought under Article 17-A of the Public Health Law to padlock a premises when the owner was found to be

running a disorderly house. He and his son and his son-in-law were convicted of running houses of assignation and sentenced to jail. This action which was brought by the Police Department was aided by the District Attorney of New York County. I understand there was an action brought up-state--I think in Troy--under the same provision of the Public Health Law, and we used it in this instance. Injunctions were obtained against three owners and two controlling corporations but due to the fact that a prominent savings bank held a mortgage of $457,000 on the hotel, the Justice of the Supreme Court refused to issue a padlock decree for the reason that the depositors and stockholders would be punished for acts of which they had no guilty knowledge. Completely true. The depositors and stockholders knew nothing about this filthy dump and unfortunately we couldn't padlock the place for that reason. That is just one of the problems that we are up against, and, of course, as you know, property in the City of New York is so valuable--a hotel is worth upwards of a million dollars--and under 17-A of the Public Health Law we obtained an injunction restraining them from moving a single bit of furniture until this action was terminated; and had we been successful, we'd have padlocked that joint and tied up everything that was in it, and the taxes and interest and overhead would roll on just the same. It's too bad it wasn't owned by the bum that went to jail.

According to this ruling, the only premises which might be padlocked under this section of law would be a premises owned outright, without a mortgage, by the person conducting the disorderly house.

At the present time, there are 17 uniformed patrolmen--I mean by that that on each tour of duty, three tours a day, there are 17 of these filthy holes in the City of New York--all fourth-, fifth-, and sixth-grade hotels--that are catering to these teen-age girls and these commercial and professional prostitutes. 17 uniformed patrolmen are stationed in various hotels and rooming houses throughout the city with instructions to compel all members of the armed forces to show identification cards and leave passes and all civilians to show their draft registration and classification cards. Harass and annoy. Make it as disagreeable as possible for those bums to operate houses of assignation in the City of New York.

Since the establishment of the Division of National Defense, members of this command have made arrests in more than one hundred different hotels within the city on complaints received through the Health Department that members of the armed forces are being infected in these hotels.

Now, we have some statistics here, and this is only '44. From January 1 to August 31, '44, there were 2,896 arrests made for prostitution within the City of New York. Now, get these figures. 2,896 arrests. 996 were found to be suffering from venereal disease. That's more than

one-third, ladies and gentlemen, 34 plus per cent. 2,896 arrests, 996 found to be suffering from venereal disease. I have the breakdown here in every part of the city, every division and every boroug or part of the command. I'll leave them here. I won't discuss them but it's something to think about: 34 per cent of the women arrested in New York City found suffering from venereal infections. Thank you.

COL. MARSH: Thank you, Commissioner Valentine.

I'm going to take the liberty of altering the program slightly. Commissioner Valentine dwelt so much on the young teen-age girls, I think it would be highly appropriate to hear from Judge Jackson, Presiding Justice of the Domestic Relations Court of New York, who will speak on "Juvenile Deliquency--A Problem and a Challenge". Judge Jackson.

JUDGE JACKSON: Colonel Marsh, ladies and gentlemen: I am one of the Associate Justices of the Domestic Relations Court and have been on that bench for the past nearly ten years, but I am not the Presiding Justice.

I have been asked to limit my remarks to ten minutes, and I shall try to do so. I wish to say I am very happy to accept the invitation to avail myself of the opportunity of making whatever contribution I can toward the solution or lessening of the serious problem of sex delinquency. I believe this subject can, and as a matter of fact has been, over-publicized from the sensational standpoint. In such a gathering as this, however, under the official auspices of the Army command, I believe real salutary results can come from such a conference, and I commend those in charge for their wisdom and interest in calling it.

I wish to make it clear at the outset that I am fully aware that there are many angles to this difficult problem. I am not unmindful of the important responsibility that the church, the home, and the community has in this problem. I might at this time discuss various phases of these responsibilities, for in addition to being a Justice of the Children's Court of the City of New York, I am also Director of its Bureau for the Prevention of Juvenile Delinquency. I sat in on the original conferences on the venereal disease problem in Harlem as a member of the Executive Committee of the Harlem Social Agencies. I could tell you some of our interests on that score. We have an office in Harlem, a branch of my bureau, in which we deal directly with the children of Harlem. I might say parenthetically that in all the deliquency figure that we have, I think it is rather interesting to note that there is a slight decline among the female delinquents of Harlem as opposed to other kinds of delinquents.

I think it might be interesting if I were to talk about these things, but I am not going to. I am going to discuss at this time under these particular auspices just one phase of this matter. I am

going to discuss it as the Judge of the Children's Court, who gets a lot of these teen-agers and juvenile delinquents. I am going to discuss the problem along the lines of some of the things that some of the parents or even the girls would say if they were capable of saying it. For that reason I am going to confine myself to one phase of it, the responsibility of the serviceman and those in command of them. I am also aware that what I have to say applies to a comparatively small proportion of our boys in service.

There is much controversy as to how far the impact of the war may have contributed to the increase in delinquency and misconduct among minors. Frankly, we don't know precisely. It is a situation which is not susceptible of mathematical statistics. We cannot say with absolute certainty to what degree the incidence of child and teen-age misbehavior is attributable to the war with its varied ramifications on the home-front. I believe it is fair to say, however, that in the area of sex delinquency, from all available data as well as from common sense and our knowledge of human nature, we have a serious problem, considerably aggravated during the war, particularly in the field of teen-age females and men of the service.

Sometimes we are a little overwhelmed or perhaps distorted in our thinking on this subject, with the welter of euphemistic nomenclature which is so common today--"social pathology," "adolescent exuberance," "Victory girls," and so forth--but as a matter of plain fact, there is nothing glamorous or romantic about this situation. Sex misconduct is still an unadorned, personal, moral wrong, violative of the laws of God and man, and controvening the accepted standards of decent society down through the ages. This is true whatever the age of the participants, and in the younger female age group, it is known in the law by a very harsh appellation, namely, rape.

Of all the sad scenes that I have witnissed in nearly ten years in the Children's Court of the City of New York, perhaps the most pathetic is that of the young female sex offender who stands before the bench with her indicia of sophistication faded or washed away; a bewildered, frightened, ashamed, debased little girl.

I can remember very well a case in which a girl had run away from a home in which she had been placed by the court for sex delinquency. She was apprehended about six weeks later and brought before me. She was still a child but she looked old. There was about an inch of black at the roots of her hair, and the rest was a tawdry yellow. Her eyes were encircled with creased puffiness. Her mother was completely prostrated. The child admitted having engaged during those six weeks in prostitution at a dollar apiece with some dozens if not hundreds of men. She explained away her conduct by saying after the first disillusioning experience she regarded herself as a bad girl and that nothing mattered. After this child was treated for syphilis and gonorrhea, she was placed by me in an institution where I visited some two years later, and even then the searing effects had not been completely overcome, and she needed many more

months of adjustment in the institution.

It seems to me to be a rather strange anomaly that frequently these boys in the service become involved with young girls in a distant city who, if they were at home and their sister were seduced by a male in or out of uniform, it would become a matter of family honor to vindicate that wrong. The same code does not seem to apply to the sisters and daughters of other men.

But of course these points are not stressed and brought home to the men in the service. They are not prompted to contemplate the aftermath of a casual "lark on leave", but that is precisely the point I wish to make. This should be brought home to the servicemen. We frequently hear the assertion that the Army has a war to win, and they have neither time nor interest in the personal conduct or morals of their troops. What a superficial fallacy! All of the tanks, guns, planes, ammunition and firearms, all of the great equipment and strategy of war are, in the last analysis, entirely and exclusively dependent on the men that operate them. Their effectiveness depends on their courage, their respect for authority, their self-discipline, their devotion to duty even at the cost of their lives; all of which is another way of saying that it depends on their character, their moral fiber.

I know that it is true as a matter of fact that many instances of infection by servicemen are reported as a result of an experience with young girls. The fact is, however, that the servicemen did not know that the girl was promiscuous or diseased or he would have avoided her. His attitude was the same, perhaps, as if it were he who was responsible for her becoming a bad girl. I make these observations, I assure you, not with the purpose of maligning or even emphasizing the culpability of the servicemen. On the contrary, although it is not an excuse for his misconduct, there is much lack of appreciation and there is much ignorance, or at least indifference, to the baneful consequence of his act, and herein, in my opinion, lies the responsibility and obligation of his superiors.

The method of presenting this subject to the servicemen not only excludes any emphasis on the moral aspects--the social aspects, the personal wrong of the individual, the harmful results to the female involved, with all its implications in her life and the life of her family, the whole question of the reputation of the service, the pride of outfit, and all that that involves in terms of the morale of the soldier. On the contrary, although unintentionally, the subject is presented in a manner which not only excludes emphasis on these moral and social factors, it even indirectly condones the soldier's misconduct. The subject is presented almost exclusively in terms of medical precaution, in terms of protection against venereal disease. I want to make it very clear that of course this observation is in no wise applicable to those noble, devoted men of the Clergy, the Chaplains in the various branches of the armed service, who are constantly

working along these lines. But, as a practical matter, this subject is baldly presented, as a rule, directly to the men by their superior officers, and presented entirely on the level of safeguarding against disease.

I have only reliable information which is not first hand, but I believe to be true, that this is the fact in the present war. I know from personal experience in the last war that this subject was presented in this way by officers of the command. I know, for instance, that the picture, "Fit to Fight," was presented not under the auspices of the Chaplain, but as a routine regulation matter, and I recall even now that in that picture, which remains rather vividly in my mind after all these years, there was no reference to any of the moral or social factors which I have touched upon in this talk.

I believe, therefore, that a very real and effective contribution toward the control and prevention of venereal disease can be made by the Army command. I stress, as I did at the outset, that this is only one factor in this complex and many-sided problem, but I feel that when the subject is presented to the troops by their officers--men to whom they have been trained to look up for direction, for leadership, for counsel, men whom they have been trained to obey and respect--that if these officers can vehemently and forcefully emphasize and develop the other angles which I have referred to besides the matter of precaution against venereal disease, a very real contribution can be made, for I am confident that all of the boys in the service have latently, at least, a sense of decency, of respect for womanhood, and of regard for the sisters and daughters of other men.

The American people have a tremendous, almost awesome, admiration and respect for the brilliant and courageous and effective strategy and direction of those in charge of our armed forces. It likewise has a tremendous pride in the gallant, heroic, magnificent accomplishments of our boys in the service. The American people, not only the fathers and mothers, the sisters and brothers, the friends and sweethearts, but every single American, has a deep, personal, tender affection for "G. I. Joe," and for every boy in every branch of our armed forces. Nothing should be permitted in any way to mar this admiration, this respect, this love and affection.

COL. MARSH: The next topic concerns the application of the May Act, "The May Act, When and How it Should Be Used." Mr. E. E. Conroy, Special Agent in Charge, Federal Bureau of Investigation, Department of Justice. Mr. Conroy.

MR. CONROY: Shortly after the passage of the Selective Service and Training Act of 1940, Congress felt that they should take a hand in the fight on venereal disease, and at that time there was a conference arranged of representatives from the War and Navy Departments, the Department of Justice, and the Federal Security Agency, called by the House of Representatives, Committee on Military Affairs. On June 11, 1941, a short time later, Congress passed the May Act, authorizing

the Secretaries of War and Navy to call on the F.B.I. to act where necessary to control prostitution in local areas surrounding military and naval establishments. The Act further provided that where it was necessary to protect the "health and welfare" of men in the service, immediate action was authorized to prohibit the operation of houses of prostitution and, for that matter, the practicing of prostitution in any manner.

For the first time Congress had given the Federal authorities jurisdiction over local vice conditions in an effort to cope with this major problem. Prior to the passage of the May Act, the F.B.I.'s jurisdiction over prostitution was limited to investigations under the White Slave Traffic Act, which as you know prohibits the interstate transportation of women for immoral purposes. With the passage of the May Act, Congress provided for direct control over prostitution in Army areas, even though there were no direct evidence of interstate transportation of women.

As a result of the passage of the May Act, the War Department has authorized any post commander who observes a rising venereal disease rate to request local authorities to clean up vice conditions in the camp area. If the local authorities fail to act, the post commander may report to the corps area commander who, in turn, requests the Federal Security Administration to conduct a survey. If vice conditions are in reality found to exist, the facts are again made the basis of a report, and local authorities again will be requested to take action. If the matter is not given vigorous attention within a reasonable time, the Army may invoke the provisions of the May Act. Incidentally, there are only two areas in the entire United States where the May Act has been invoked.

The first military post to come under the provisions of the act was Camp Forrest in the State of Tennessee. Government action became necessary when the venereal disease rate among military personnel began rising rapidly. On May 20, 1942 the May Act was invoked, making prostitution a Federal offense in 27 counties surrounding Camp Forrest.

Immediately thereafter we assigned a special squad of experienced men to that area to augment the agents already assigned to the Memphis and Knoxville offices. The peculiar thing was, though, that at the time that the May Act was invoked, the threat itself had a very salutary effect, that is, the threat of an investigation, and as a consequence, a great many of these vice haunts closed up in that particular area and moved into counties outside of the 27 that had been designated.

A peculiar thing about the prostitution in that area was that we raided a great many houses of prostitution. Most of them were just shacks out in the woods. There were no sanitary conditions surrounding

them at all, and a great majority of the prostitutes who were arrested down there had venereal disease.

On July 31, 1942 the second order invoking the May Act placed local prostitution under the federal ban in 12 counties of North Carolina, surrounding Fort Bragg. A particularly flourishing business in prostitution was operating at Raleigh, Fayetteville and Lumberton, North Carolina. The aroused citizens, the Military Police and the local authorities all cooperated closely with us in securing the evidence and apprehending the persons responsible for these conditions. In this case it was found that most of the prostitution was being practiced by streetwalkers, and the procedure followed at Camp Forrest was not adaptable to conditions in the vicinity of Fort Bragg. Arrangements were made with local law-enforcement authorities to assist in apprehending all persons suspected of engaging in prostitution. They were questioned by special agents of the F. B. I., and where sufficient evidence was available charges were filed under the May Act.

We bring up the question as to whether or not the May Act has been successful in achieving its purpose of protecting servicemen from venereal disease. The answer, I think, is apparent in the fact that the vast majority of women arrested in the two areas where the May Act has been invoked were found after a medical examination to be infected with one or more venereal diseases. A striking example of the wholesome effect of the law is the fact that at Camp Forrest the venereal disease rate dropped from an incidence of 62 cases per thousand prior to the passage of the act to 36 cases per thousand soldiers after the area had been cleaned of prostitutes.

The fact that prostitution and venereal disease are closely akin to each other is more or less patent to most of us. I know that in the Bureau's enforcement of the White Slave Traffic Act, and in the investigation of more than 7$,000 cases, a very high percentage of women arrested were discovered to be suffering from syphilis and gonorrhea. In an investigation of a major "white slave" ring operating from a Baltimore headquarters in 1937, 75% of those arrested were afflicted with one or more venereal diseases. Other cases which the Bureau has handled show that this high rate of disease among prostitutes is not an isolated instance.

Since 1939 the disruption of the normal American way of life has made the nation at war more vulnerable to the practice of prostitution and its attendant evils. But, in spite of additional war-time responsibilities, we do feel that the enforcement of the May Act has been something that we are proud of that we are able to help the armed forces in keeping as many men in the ranks as possible. I thank you.

COL. MARSH: In the upper row of charts, the next to the last chart shows that among the several thousand patients represented, 5,000

reports or more, a considerable percentage had been drinking moderately or were intoxicated at the time they were infected. The adjoining chart to the right shows that, with reference to the places of procurement, the largest factor is the tavern or restaurant. The next four speakers all are concerned either with the question of alcoholic beverages or with the taverns as contributing factors to the venereal disease problem. The first is Mr. Alfred E. Driscoll, Commissioner of the Alcoholic Beverage Control of Newark, New Jersey, who will give us "A Resume of the Activities of the New Jersey Alcoholic Beverage Commission for the Past Six Months, with Recommendations for Future Cooperation"; Mr. Driscoll.

MR. DRISCOLL: Ladies and gentlemen: I am State Commissioner of the Alcoholic Beverage Control Department of the State of New Jersey. With the possibility, if not the probability, of increased promiscuity in the months immediately ahead, it is quite apparent that the finest type of teamwork will be necessary if we are to keep the venereal disease percentage rate from going even higher than it is at the present time.

We know that a fairly high percentage of men and women when they are found to be infected will report that they had been drinking, and frequently they will say they had been drinking to excess, and even more frequently they will report that they made contact in a restaurant or tavern or hotel. To a very high percentage these statements will be found to be more or less accurate. In a fairly substantial number of cases, however, the reports are not accurate. It seems to be a common failing on the part of men and women to say that they were intoxicated when they are found to have a venereal disease and to thus excuse their mistake.

During the past six months the Department of Alcoholic Beverage Control in New Jersey has been endeavoring to profit by the experience of the years during which this country has been at war. Immediately prior to the entry of the country into the war, the State of New Jersey developed certain procedures which at best have been somewhat helpful.

First, each area inspector of the Department of Alcoholic Beverage Control and of the State Police was required to contact the commanding officer of the various posts and stations periodically to ascertain in what way and under what circumstances the State of New Jersey could be helpful to those commanding officers. Those periodic contacts have, by and large, helped us very materially to maintain a fairly good record in New Jersey. However, it would seem to be important that the commanding officer of the post or station, or the Provost Marshal or the intelligence officer, as the case may be, be kept constantly informed by the venereal disease officer. Occasionally we find that there is the same lag between the medical side of the Army or Navy and the commanding officer that there is in the civilian side between the Health and Police Departments.

Secondly, it is our judgment that the Departments of Alcoholic Beverage Control and State Police should participate with the Army and Navy and representatives of other federal agencies in periodic conferences for the purpose of frankly discussing this whole problem. In other words, the Department of Alcoholic Beverage Control should be represented on your Social Protection Committee at the state level, and the local Excise Board or enforcement agency or licensing agency should be a member of the Social Protection Committee at the city or municipal level.

Curiously enough, there appears to be some diffidence among officials who do not quickly pick up the telephone and talk with the responsible officer or chairman of the committee who was last engaged in attacking this problem. It is suggested that there should be a material reduction in the amount of "red tape," and that the various agencies who are together forming the team that is going after the venereal disease problem should get to know each other, and should be if necessary in daily contact, not by letter but by telephone and by personal interview.

In conclusion, I would like to say that our experience in New Jersey definitely indicates that the Army and Navy and Coast Guard and Marine Corps are well aware of the civilian or social problem. We feel over there that we have had excellent cooperation from all branches of the armed forces. Not only have they cooperated but they have lent us men and given to us material assistance without which we could not have done as well as we have done to date. Likewise we would like at this time to thank the other federal agencies for the contributions they have made, not only to the welfare of the men and women in uniform but also the welfare of our civilian population over there in New Jersey.

COL. MARSH: Next is Mr. R. K. Christenberry, President of the Broadway Association, who will speak on, "Control Measures Recommended to Hotel Owners to Eliminate the Hotel as a Place of Exposure".

MR. CHRISTENBERRY: I want to preface my paper with the comment that as protector of the reputation of Times Square, the hotels referred to by Commissioner Valentine were not in the Times Square area. They are not of sufficient importance nor reputation to be considered as hotels in any of the recognized associations of hotels such as the American Hotel Association or the New York City Hotel Association. Possibly because I operate the Hotel Astor on Times Square, the so-called "Crossroads of the World", with its constant stream of servicemen from every corner of the globe, I feel very keenly the obligations of hotels everywhere in helping to combat the venereal disease problem among the members of our armed forces. I am delighted to appear on this program today and I sincerely hope that my short talk may contribute something of real value.

Basically stated, hotels can help to keep servicemen physically clean by keeping morally clean themselves. That's the objective. The execution is more difficult. But from a more or less casual study of hotels all over the country, I have come to the conclusion that hotels, both large and small, reflect the attitude of their management toward social problems. In other words, a strict policy laid down at the top will have the desired effect throughout the hotel's staff. But if management adopts the attitude that things will take care of themselves, this "do-nothing" policy will be reflected in the entire personnel.

I consider that we have been quite successful at the Astor in keeping our house in order. But our success, in great measure, has been due to the splendid cooperation received, especially from Lt. Col. McNulty and Lt. Eakin. The capable and intelligent manner in which they handle this problem has made our task much simpler and pleasanter.

In this connection, I might say that I have heard of instances in other cities where no such friendly spirit of cooperation was evident. Results there have been correspondingly poor.

It is my belief that two of the more important phases in connection with the problem of venereal disease control are excessive drinking and promiscuous "mixing" between servicemen and unescorted women. We don't mince any words at the Astor in trying to stamp out these two things. Neither civilians nor men in uniform are sold drinks if it is obvious that they have had enough under their belts. Bartenders simply inform them of the hotel's policy. But when a serviceman is told "No" it sometimes arouses misguided sympathy on the part of a civilian standing alongside. It's the attitude that "the boys are fighting for us and we should let them have anything they want while they're on furlough". I should imagine that intelligent persons would realize our object, but unfortunately that isn't so most of the time.

As for "mixing", our restaurant staff and bartenders have very specific instructions on how to handle the out-and-out "pick-up" problem or the more difficult to recognize but equally dangerous instances in which either the soldier or the woman involved start a casual conversation and end up as pals. We have on the tables in our bar and cocktail lounges a little tent card which contains the following message:

"HOTEL POLICY"

"We ask our male guests, both military and civilian, to refrain from 'mixing' with unescorted ladies at other tables. Compliance with this request will save embarrassment to you, to us and to the ladies involved.
"We also maintain a most rigid policy regarding the service of intoxicating beverages to minors and to persons under the influence of alcohol. Please cooperate with us in the observance of these rules."

Of course, this card isn't the complete answer, but it certainly makes our customers aware of our attitude and it probably nips many an embryo affair in the bud.

Here again we very often run into difficulty because of the feeling among civilians that anything goes as far as the servicemen are concerned. Here's a specific and interesting case that may amuse you. Some time ago, two ladies were sitting at a table in our Columbia Room at a point near where the stairway comes up from the lobby. Two sailors, coming up the stairway, smiled at the ladies, the ladies smiled back, and pretty soon were in animated conversation. The headwaiter conforming with the rules of the hotel, walked over and asked the sailors not to intrude on our lady guests. With that the two sailors referred to themselves as being "treated like dogs", being far away from home and simply wanting to speak to the ladies, because of the restrictions at sea, etc., and put up a very heartrending story about their loneliness and being cut off from civilian contact. This, of course, aroused the sympathy of the ladies and they criticized the policy of the hotel. Not satisfied with their criticism to the headwaiter, they must have brooded about what they thought to be an unjust policy and wrote a letter to Mrs. Roosevelt in Washington.

A short time later I had a communication from Mrs. Roosevelt bringing this case to my attention and inferentially suggesting that I do something about it. I wrote and explained the reasons for our policy and very pointedly called her attention to the evils of promiscuous mixing. It brought a "Thank you" note back from her.

I cite this particular instance to show how hard it is to combat the civilian attitude that nothing is too good for our boys. Certainly they're correct, but they should realize that this is bad--extremely so.

As for prostitutes, we run them out just as fast as we spot them, and we're always on the alert. But here's a new twist we ran into a little while back. A soldier on furlough registered into the hotel with a woman as his wife, and then started pimping for her. Obviously, this must have been his previous profession and he couldn't resist the temptation to earn a little money for himself while he was away from camp. Needless to say, we enlisted the cooperation of the Military Police and quickly put an end to this situation.

I know of a large chain of hotels in the South which goes to considerable expense to maintain orderly houses and prevent prostitution. It pays $1 to bellmen for reporting women for soliciting or being in a room where they are not registered, and $2 for reporting men who request information as to where they can get a woman.

It is my recommendation that more attention be paid by military and police authorities to the small side street hotels which are either careless or purposely don't give a damn in order to create trade. I know specifically of several instances in which service men, taken into custody, have given the names of respectable hotels in order to cover up the fact that the point of contact with a prostitute was actually in an unrespectable house. In one case, a boy mentioned that he had made contact in a certain room of a certain hotel, which upon checking proved to have been occupied by an elderly lady suffering from a cardiac condition for which she had been receiving daily treatment.

Respectable large hotels are willing and anxious to extend every possible cooperation, but we ask only that our identity be kept anonymous in order to prevent any subsequent kickbacks which might prove disagreeable. As a matter of fact, in one case in which we cooperated with the Provost Marshal's office from its inception in this area, the case is labeled in your files "Hotel Astor Case", and a friend of mine heard the Hotel Astor discussed disparagingly and with raised eyebrows in the Inspector General's Department in Washington. This is indeed poor compensation for cooperation.

I would like to mention another case which shows how cooperation between the hotel and Military Police can bring about desired results. A hotel in a certain Wisconsin city was pretty much plagued with having servicemen check in with so-called "wives". The whole situation was aggravated by the fact that the city also had a university and was in the throes of a boom, so that money was easy, and morals the same way. Finally, in desperation, the management enlisted the aid of military authorities at the nearby Army camp and from that time on all passes issued to men who were actually going to stop at the hotel with their legitimate wives, were so stamped. This saved the hotel considerable embarrassment and pretty much solved what was a mean situation.

While the matter of "V Girls" is a nasty one, they're relatively easy for us to spot and we can handle them pretty well. The police in the Times Square area have done everything possible to keep them out

of that neighborhood, and I understand that they pick up on an average of 20 or 30 a day. But the "bobby socks" situation can never be solved by attacking the hotels and theaters of the midtown area. In my opinion, this is a problem that has its origin right in the home and will only be alleviated by strengthening religious and family ties. That, plus a better realization by parents that they are mostly to blame if their early teen-age daughters wander around the city at night trying to be nice to our gallant boys.

In connection with "V Girls", I would like to mention one more fact that is important. We frequently have military Balls at the Astor, and we find that we have less trouble when it is obvious that the hostesses have been carefully selected and the chaperones really take their job seriously. Allowing "V Girls" as hostesses will always cause trouble. Incidentally, curtailing the service of hard liquor at these affairs will also prevent embarrassing situations.

In my travels around the country I have spoken to many hotelmen and I regret to state that in several instances I discovered that they did not have the same cooperation from the military police that we enjoy in New York. These hotels would like reports on certain servicemen, but without the backing of the proper authorities they would be reluctant to proceed because of the possible liability involved.

I mentioned previously that it was my feeling that the kind of a job any particular hotel was doing was entirely due to the policy laid down by the management. I am confident that you men who deal with these problems can base your work considerably by giving the operators of these hotels a proper understanding of the importance of their cooperation, and I urge you to do so in every way possible.

While the Astor is only one of thousands of hotels confronted with similar situations, I trust that our experience may be of some concrete use to you. Thank you.

COL. MARSH: The next subject is, "How the State Restaurant and Liquor Dealers Association Police Its Members, and Future Plans to Assist the War Department in its Fight to Control Venereal Disease," by Mr. Rudy Marwede, President of the State Restaurant and Liquor Dealers Association.

R. MARWEDE: Colonel Marsh, ladies and gentlemen of the conference: I wish to express my gratitude for the opportunity of presenting our experience in cooperating with the venereal disease program and relating to you how our Association controls the conduct of taverns.

I have always regarded the vital importance of this subject since I realize as well as you that a sick soldier or sailor is no asset to the service, and on the other hand, I firmly believe that no American who enters the service wishes to be rendered incapable of performing the duty expected of him.

We have always been pleased to have the privilege of doing our utmost to help the war effort and I might mention that even before our country into war we have been anxiously participating in every patriotic drive or charitable campaign.

Our record shows that on every occasion we have always been successful in oversubscribing any given quota set for us in the various drives and campaigns of every nature having for their object the rendering of valuable aid or service, for which we have received a number of awards and citations.

You may therefore readily understand how much more deeply we were concerned in the personal welfare of the servicemen, and in this connection I am pleased to say that through our various county associations we have been enabled to ship approximately 50 million cigarettes to provide some personal comfort for our boys overseas.

In the development of our program to combat the spreading of social disease and to eliminate it completely as far as any contact may be obtained in taverns, the officers of our association and myself have diligently worked harmoniously with all military commanders throughout the State and have been alert in any infraction of slackness on the part of the people engaged in our business. We have on file many laudatory letters from Army and Navy commanders in recognition of our successful efforts in this respect. At the recent conference of the Association of Chiefs of Police, tavern keepers were commended for their effective cooperation to eliminate sales to minors and the congregation of undesirable characters in licensed premises. The owners were paid tribute for having enforced rigid supervision in their premises to prevent the existence of any unsatisfactory conditions.

In order that our work in dealing with this problem might achieve the most satisfactory result, we have been happy to cooperate with the Conference of Alcoholic Beverage Industries, the Brewing Industry Foundation, the Allied Liquor Industries, and other agencies interested in this serious matter. In similar manner, our National Tavern Association, of which we are an adjunct, engaged in the same activities throughout the country with gratifying results.

While it has been our purpose to completely eliminate any undesirable contacts with servicemen in taverns, whether under our control or otherwise, it must be admitted that the difficult problem of juvenile delinquency presents a rather serious situation. It has been discovered that where criticism has been leveled at some of our establishments, investigation proved that the contacts in most cases were made elsewhere.

One of our most trying sources of trouble lies in the fact of the growing difficulty encountered by our people in dealing with juveniles misrepresenting their age. It must be recognized that no reputable businessman with an investment at stake, financially and

through his labors to develop a business, would willingly jeopardize his business by encouraging the juvenile trade which is always troublesome and dangerous and we are convinced that instead of the responsibility being attached to the proprietors or their employees, the blame should be placed where it properly belongs on juveniles overstating their age and presenting fraudulent identifications. Our constant warning to our people is, "When in doubt, don't serve".

We have always been very happy to cooperate with the civil as well as the military authorities to the fullest extent and we would recommend that stronger measures be adopted in dealing with these irresponsible young people who seem fully bent on creating trouble, and on that matter we confidently hope to engage a greater measure of cooperation from the civil authorities.

The tavern has been made the ready target of unjust criticism for many abuses, mostly by individuals who are over-anxious to take any advantage to condemn us because they themselves refuse to believe that we are conducting a legal business by the great majority will of the American people. These fanatics enjoy their own ideas of liberty. We have, of course, to be tolerant with such intolerable people, but when we find unfounded criticism coming from the direction of people whom we regard as friends as well as from the pages of a free press, the case becomes lamentable. From such unjustifiable attitude on the part of some pious gentlemen who unfortunately believe condemnation to be more effective than helpful cooperation and more especially from sensation-minded writers who are expected to intelligently guide public opinion, we can only conclude that such gentlemen are not serving their callings honorably.

Any right-thinking person will surely admit that people engaged in our business under the privilege of license and secured by bond must be possessed of a reputation that has been accorded to him by the public; otherwise, he could not long remain in business. Humanity being so constituted, we cannot reasonably expect to find perfection in any sphere of life; and if any instance of attempt to evade public responsibility by permitting or encouraging association of undesirable females with servicemen in licensed establishments should come to our attention, you may depend upon it that we shall consider it our first duty to assist in his prompt elimination from the business because of our belief that regardless of whether he be careless about his own business he is causing injury to a great industry of which he is unfortunately an unworthy part.

Our plans for the constant expansion of our work to gain greater continued respect for our business are well advanced, and you may rest assured that you can depend on our fullest cooperation.

COLONEL MARSH: We will now hear from Mr. Engelbreth, the Director of the Army & Navy Cooperation Program of the Brewing Industry Foundation, who will speak on, "Brewing Industry Assistance in Maintenance of Good Conditions in Retail Beer Outlets".

MR. ENGLBRETH: Colonel Marsh, ladies and gentlemen: As Director of Brewing Industry Foundation's Army & Navy Cooperation Program, it was with a great deal of pleasure that I found I could accept Colonel Walson's kind invitation to attend this conference and to say a few words regarding the brewing industry's voluntary effort in cooperation with military and naval authorities, with state and local law enforcement officials, with such federal agencies as the Social Protection Division of the Federal Security Agency, and with such organizations as the American Social Hygiene Association, in veneral disease control insofar as the problem is connected with the retail sale of beer.

The title of the subject which was assigned to me for brief discussion with you here today was: "How the Brewing Industry Assists in the Venereal Disease Program".

Having been associated with the Foundation now for five years, first as an organizer and supervisor of our industry's self-regulation program for three years and for the past two years as Director of the Foundation's Army & Navy Cooperation Program, I was in a position to question the inclusiveness of the suggested title to my talk today.

I felt that the title suggested an exclusive interest in the venereal disease control problem when, as a matter of fact, we are interested in any anti-social practices which may exist in connection with the retail sale of our product.

Therefore, in a conference here on Governors Island recently, with Colonel Walson, it was mutually agreed that the subject and title of my discussion with you here today which would be more representative of the Foundation's vital interest in any anti-social practices found to exist in connection with the retail sale of our product is: "Brewing Industry Assistance in Maintenance of Good Conditions in Retail Beer Outlets".

I know that some of you attending this conference today are aware of the scope and extent of the Foundation's activities because it has been my pleasure and the pleasure of the staff members of both our Self-Regulation and Army & Navy Cooperation Programs to work closely with you from time to time in various sections of the country where problems directly connected with the war effort have engaged our mutual attention.

However, I know that at conferences such as these there are bound to be any number of attendees who, because of their recent association with work of the nature we are discussing today, may be quite unfamiliar with the activities of the Foundation. Therefore, I would like to give you a brief picture of my organization's activities not only along VD control lines as this problem is connected with the retail sale of beer but along the whole line of our activity for the maintenance of good conditions generally in retail beer outlets.

But before I do this I would like to point out as emphatically as I may that we of the Foundation are not "crusaders" in any sense of the word; that we are completely extra-legal in our activities; that we under no circumstances seek to assume any of the law enforcement prerogatives of any

duly constituted law enforcement official whose duties include the enforcement of the laws, rules or regulations projected for the control of manufacture, distribution and retail sale of beer or other harder alcoholic beverages. Wisely enough perhaps, it is a fact that federal and state laws controlling the manufacture, sale and consumption of beer prohibit our industry from having any director or indirect financial or other economic connection with the retail section of the industry.

That, however, does not mean that a brewer can or must disassociate himself from responsibility for the conditions of the retail sale of his product in retail beer outlets the moment it leaves the loading platform of a brewery or of a distributor. Thus, while we of the brewing industry have no legal control over our product after it is delivered to the retailer, we do recognize a social responsibility within the proper confines of voluntary cooperation with state and local law enforcement officials, with civic leaders, and with Army and Navy officials in the maintenance of good conditions of retail sale or, failing that, the elimination in complete cooperation with all officials of any bad conditions which our constant efforts at education of the retailer to his social and civic responsibilities have failed to correct.

Let me put it another way. Naturally, the reason we are chiefly concerned with conditions in retail outlets is that the retail place of business in our industry is the so-called "goldfish bowl" of the whole legal beer industry. The retail outlet is always in the public eye and it is from the open public mode of operation of a retail outlet that the general public gains its impressions of our industry, good or bad; and it is our firm intention that we shall do everything within our legal limitations and social consciousnessto see to it that those impressions shall be good as the result of good conditions of sale.

This attitude is for the enhancement of the public welfare but we are honest enough to admit it is also for the welfare and continued existence of our industry. The brewing industry does not want to be disenfranchised in any section of the country for reason of any anti-social practices indulged in by a few retailers to the detriment of a whole, legal industry, including the law-abiding retailers who, after all, are in the great majority.

What are the bad conditions of retail sale that we as an industry are interested in correcting or eliminating as I have just stated?

Generally speaking, those conditions are the result of either the willfulor ignorantly innocent violation by retailers of laws, rules and regulations governing the retail sale of beer. Specifically, those conditions may be the sale of beer to minors, a most glaring violation in our eyes; the sale to persons who have already over-indulged in other alcoholic beverages as well as beer; allowing the presence of persons of known ill repute to frequent retail beer outlets -- this applies most specifically to women of questionable character who may use a beer outlet as a pick-up point of assignation as well as hotels, penny arcades, drug store counters or shooting galleries, bus depots, railroad stations, and so forth; general disorderliness or unsanitary conditions.

Now, what is the Foundation and how does it carry on its activities in the correction or elimination of the conditions I have mentioned? What are its functions?

The Foundation was organized nearly seven years ago to carry out a voluntary program of self-regulation and to interpret the beer industry to the public and interpret public opinion to the industry so that it might be guided by it to take whatever steps it could legally take in cooperation with law enforcement officials to keep the manufacture, distribution and retail sale of its product on a high plane; to keep retail beer establishments clean and wholesome places of business and recreation so as to deserve the confidence and approval of the public; to protect the respectable, law-abiding retailers who are in the great majority by seeking either the conversion to law observance or their elimination from the ranks of the industry of those few retailers that permit conditions to exist in their places of business that are definitely anti-social and who thus are unmindful of both their civic and social responsibilities.

As far back as 1936, the brewers began to scrutinize other industrial fields for precedents to guide them in the conduct of their relations with the public. Farsighted brewers realized that, while theirs was no legal responsibility, they must assume a moral responsibility for preventing the injury wrought to their business by the reckless acts of a few. The lawyers had found the answer to their problem in the American Bar Association with its subsidiary organizations in state and county units. This organization sought to enhance the standing of the legal profession in its relations with the public by setting up and rigidly enforcing -- voluntarily -- ethical standards for the individual attorney and putting the public on notice as to what they did. Doctors and dentists are similarly organized. In the huge motion picture industry Will Hay's Motion Picture Producers and Distributors of America, Inc., is at the helm, just as in baseball where Judge Landis' authority is a guarantee that the game will be played fairly and honestly.

So now are the brewers organized for self-regulation through the activities of the Foundation.

This Self-Regulation Program operates as follows:

In 15 states, Self-Regulation Committees have been formed by the Foundation, financed by it, and comprised of all the brewers and distributors interested in that market. At the head of this Committee, and directing its work, is a State Director, frequently a former attorney general or a former United States attorney, always a native of the state, who commands the respect of his fellow citizens. The State Director is assisted by a Public Relations Director and a staff of field representatives who are usually highly trained former law enforcement officials.

Each State Committee, through the State Director and his staff, maintains constant contact with the civil and military or naval authorities in a cooperative effort to make certain that the conduct of the retail beer establishments conforms to the law and the demand of public decency and morals.

Frequent retailer meetings are held which are addressed by state and local law enforcement officials, a representative of the Foundation, and military or naval authorities. The retailers are fully informed as to the cooperation they can give these officials in the proper operation of their establishments.

Regular and constant inspections of the outlets are made. If a retailer is found to be violating the law he is warned by the State Director. Very often, a warning is all that is necessary. In some instances, a warning does not do the job. We believe in preventive medicine, but if this doesn't work we have no hesitancy in resorting to surgery. If the warning has not corrected a bad situation in an outlet we -- rather, the State Director, cites the operator to the proper licensing authorities for suspension or revocation of his license. Cooperation of state liquor board administrators in our self-regulation states in this respect has been highly gratifying. In some states, where we have attorney general's opinions to the effect that the procedure is not in restraint of trade, we resort to a beer shut-off weapon, the shutting off of beer supplies by brewers and wholesalers to the offending retailer. Believe me, these steps have had a salutary effect on other retailers who learn of them and who may be operating just over the thin line between law observance and violation.

Now we come to another activity of the Foundation which since the war began has become major. I refer to the activities of the Army & Navy Cooperation Program.

As soon as the Selective Service Act became effective and our young men and women began to be assembled in military and naval establishments throughout the country, we started our Army & Navy Cooperation Program. This Program was designed for cooperation with military and naval authorities for the maintenance of good conditions in outlets in military areas which were frequented by members of the armed forces. It was designed for the specific purpose of protecting the physical, moral and morale welfare of our young soldiers, sailors, marines, WAVEs and WACs who might frequent beer outlets in search of recreation and relaxation during off-duty hours.

Problems of bad conditions of sale may be solved by a meeting of retailers called by state liquor control authorities with our cooperation to be addressed by state and local law enforcement officials, Army and Navy officers, and a Foundation representative. Again, solution of the problem may be a quiet and informal meeting of authorities and local industry heads called by the Foundation. More extreme problems that cannot be solved in this manner require thorough investigation by a Foundation field representative who places the findings before the law enforcement officials who are asked to take the more drastic action of license suspension or revocation.

This Army & Navy Cooperation Program is now in operation not only in our 15 so-called self-regulation states but practically all other states by a staff of field representatives working in all parts of the country under my direction, especially in those states where there are large troop concentrations. In the great majority of cases, our entrance into any local situation is upon direct request of Army and Navy officials, local industry groups, or state and local law enforcement officials.

So successful has this work been that the Secretaries of War and the Navy have issued official directives to the commanding officers in all service commands and naval districts and to all commanding officers of the 1200 military and naval establishments in the continental United States advising those officers that when they had any problems in which a retail beer outlet was involved they were to ask for the assistance of our Army & Navy Cooperation program and trained staff of sectional representatives. We certainly are justified in regarding these directives as unprecedented demonstration on the part of the heads of our armed forces of their confidence in the integrity and efficiency of the brewing industry's Self-Regulation and Army & Navy Cooperation Programs.

I want to quote very briefly from a letter from the then acting Secretary of War, Robert Patterson. He wrote:

> "It is very interesting to know that organizations such as yours are interested in the health and well-being of the men in the armed forces. Your cooperation with civil and military authorities in the attempt to maintain decent and lawful standards of operation in retail beer establishments should be of great help in our constant endeavor to keep the men of the Army healthy."

This, then, is the story of the brewing industry's cooperative assistance with civil and military and naval authorities not only in venereal disease problems but in all problems arising in a minority of retail beer outlets affecting the welfare of the members of our armed forces. Needless to say, Brewing Industry Foundation will continue to make this cooperative assistance available for the duration of the war, after which it will be converted for a continued assistance to civil authorities for the protection of the general civilian public. Thank you.

COLONEL HERSH: We expected that we would have time for discussion at this point, but the hour is late and the meeting operates on a time schedule, and I am afraid we will have to adjourn now and meet again at 2:30 this afternoon. This afternoon's conference will be primarily for the Venereal Disease Control Officers at the various posts, camps and stations; but if any of the civilian representatives here care to be present this afternoon, we'll be glad to have you. We'll meet again at 2:30.

(Whereupon a recess was taken from 1330 to 1430 EWT)

AFTERNOON SESSION

COLONEL MARSH: Captain Rodemeyer of the Chaplain's Branch of this Service Command will speak on, "The Chaplain's Role in the Venereal Disease Control Program". Captain Rodemeyer.

CAPTAIN RODEMEYER: Officers, ladies and gentlemen: I was very pleased to note this morning the seriousness with which this gathering has taken upon itself the meeting of this problem. You men, because of your positions in life, realize what a serious business this is. I was pleased and gratified to hear the remarks of General Robertson, particularly so because I recently spoke to his outfit, namely, the 1240th, on three different occasions. It must be with a lot of satisfaction that a man, the type of General Robertson, could get up and mention to you here in public the very smallness in percentage of venereal disease within his group of men, the 1240th. That, to my mind, takes on a particular aspect, and that is one which each and every chaplain within the corps of the Army will mention to you.

I happen to make these remarks because I spoke to a number of men or, rather, a number of men came to me after each one of these talks and spoke with me concerning this subject. To a chaplain, naturally, the way to fight against this disease is total abstinence, and the way that a chaplain approches it is along the following line. I myself have captioned this one little sentence which I frequently use. In fact, never have I spoken to a group of soldiers but that I have not used it, and that is, that there is not a man present who has not left someone, actually or at least in mind, behind -- someone that they think a great deal of an who want that person to stay clean, pure and wholesome. Well, men, show the example. Stay clean, pure and wholesome yourself. It makes common sense, doesn't it?

In that respect to a chaplain that very thought, namely, total abstinence, is the pet theme. It forecoes everything, and I am sure, gentlemen, with a lot of forethought on your part you will agree with me. There is no condoning of one thing or another in the mind of a chaplain. I say that because if you know how a man is actually going to hurt himself, you know at the same time he should avoid that danger. Here we are faced with a serious problem, and the way to avoid it entirely is to stay away from its contamination. Thank you, gentlemen.

COLONEL MARSH: "The Venereal Disease Control Program in the Third Naval District". Lieutenant Commander Burke, United States Navy.

LT. COMMANDER BURKE: Mr. Chairman and ladies and gentlemen: Venereal Disease Control in the Third Naval District. With the sudden increase of Naval personnel after December 7, 1941, there also was a sharp rise in venereal infections. The Division of Preventive Medicine of the Bureau of Medicine and Surgery, fully cognizant of this increase, together with the experiences of World War I, in which so many man days were lost, instituted an active venereal disease control program.

Venereal disease control officers were given a short course of training and assigned to the staff of each district medical officer; and many were also assigned to the larger naval activities. Their duties generally were to organize the program, measure the problem, coordinate all the activities with other military and civilian agencies, and plan and supervise the education of all personnel.

With the increase in personnel in the late 1942 and the change in the system of enlistment in the Navy, there was a marked rise in the number of infections in men inducted into the service from civilian life.

In the past year, prior to the invasion of Europe, there was a reduction in the venereal disease rate in the entire Navy, which was an improvement. Of course there was an increase in the number of cases of venereal disease, but this was not in proportion to the expansion of personnel. We could not, however, sit back and think it a job well done.

The venereal disease rate for the entire Third Naval District for 1943 was 23.94 per 1000 and for the first 6 months of 1944 the rate increased to 26.4 per 1000. The rate for the major activities in the New York metropolitan area for August 1943 was 48.31 per 1000 and for August 1944 and 57.29. The number of cases reported increased in July and August of this year, but this was due in a large part to the better system of contact reporting, as all ships of the fleet are now required to report the sources of infection to the respective district activities whenever possible.

A change has taken place in the type of sailor who has liberty in New York. In most instances he has had actual combat or sea duty and is back in the States on leave. He thinks he is salty and can relax in any manner he chooses. The type of contact as recorded on contact reports continues to show a large percentage of pick-ups without monetary consideration. With the remarkable results obtained by penicillin therapy in the treatment of gonorrhea in sulfa-resistant cases, there has been a decline in the number of sick days attributed to venereal diseases. The Navy has also instituted the procedure of treating men on a duty status, meaning that they can continue their work but are restricted from having liberty. This fact alone may tend to cause a laxity on the part of the men when they discover they can be cured so rapidly.

The whole picture is far from satisfactory, although it might appear to be so on paper. From the standpoint of the Navy, we will attempt to

improve the caliber of information on the contact reports sent to civilian Health agencies. A better method of controlling men on libery by closer unity of the Shore Patrol, Military Police, and civilian law enforcement agencies may also be possible.

From the civilian standpoint more healthy types of recreation can be made available. Recreation must be organized so that it appeals to the men. Due to the increase in the number of negro Navy personnel now stationed in the vicinity of New York City, who spend their liberties here, there has been a marked increase in the incidences of venereal disease at their stations. In an effort to combat this increase a meeting with civic leaders of Harlem, New York health authorities, police representatives, and Naval welfare and medical officers was held on August 13, 1944. The discussion attempted to reveal any possible ways of reducing this high rate through more suitable housing, better policing and more adequate recreational facilities. Civic organizations and churches could aid in this respect. Housing and recreation centers must be of such a caliber that the men will be interested in returning to them the second time.

The reservoir of venereal disease remains in the civilian population in those people who are infected perhaps without their knowledge and who repeatedly expose uninfected individuals. They can only be found by diligent contact tracing, adequate treatment, and isolation while in an infected state. In August 1944 there were 306 contacts reported to the New York City Department of Health. 118 or 38% of these were considered to have adequate information to initiate an investigation. To date 208 of the total number have been returned as investigation terminated. 195 or 64% of the total were reported as insufficient information to initiate an investigation, but in only 13 or 4% of the cases were the contacts found.

This is the time to continue the interest and diligent planning for an all-out victory against venereal disease.

COLONEL MARSH: The next speaker is Major William S. Smith, Venereal Disease Control Officer of the Eastern Defense Command, who will speak on, "The Eastern Defense Command Venereal Disease Control Program".

MAJOR SMITH: Colonel Marsh, ladies and gentlemen: First of all I would like to point out that the Eastern Defense Command does not have a full-time Venereal Disease Control Officer, but since May of 1944 I have been functioning in this capacity in addition to my other duties.

Before I begin discussing our venereal disease program, I feel that it would be helpful to outline the organization of the Eastern Defense Command. It is somewhat similar to the organization of the Army. The Eastern Defense Command is a tactical organization under direct control of the War Department. Under the Eastern Defense Command Headquarters there are several Sector Headquarters within the continental United States. These are comparable to Corps Headquarters. Below the

Sector Headquarters we have Harbor Defense Headquarters, or areas which might be comparable to divisions. Then you have the units below that.

In order to cover our program, without too many omissions and ramification, in ten minutes, I will have to adhere closely to this paper. The various phases of the present venereal disease control program of the Eastern Defense Command will be discussed under the following headings: (1) the Venereal Disease Section of the Surgeon's Office; (2) directives and letters published by Headquarters, Eastern Defense Command; (3) the weekly statistical health summary; (4) inspections; (5) general remarks.

The Venereal Disease Control Section of the Surgeon's Office consists of acting venereal disease control officer and one enlisted man, part time. Sector, Base, Harbor Defense Unit Surgeons and two especially trained non-com's per battery are available in the field for cooperation in venereal disease control measures.

The monthly reports are checked, rates entered on our cardex system by unit, and in addition rates by battery are kept current for further analysis of excessive rates. This system is necessary due to the wide dispersion of our tactical troops, frequently isolated in groups of small numerical strength. Therefore a high rate in an organization may be due to the number of cases in one battery located several hundred miles from the parent organization and requiring investigation and corrective action in only that one locality. I might add here that because of this wide dispersion of small units, this command authorizes the use of sulfathiazole by mouth as a prophylactic in organizations the size of a battery when separated from the parent unit and when the rate reaches 50 per 1000 per annum or may be expected to reach 50 per 1000 per annum. The rate referred to is the average rate for a 3/4 month period inasmuch as one venereal disease case in a T/O strength battery will give a rate of over 50 per 1000 per annum for one month. The unit dates of initiation and termination of sulfathiazole prophylaxis are carefully checked in the Surgeon's Office. A central check-in and check-out system is used in conjunction with sulfathiazole prophylaxis. In addition, all other measures for venereal disease control should be continued in operation and intensified. Paragrph 5 of the monthly sanitary report as pertains to venereal disease is checked each month by the venereal disease control officer.

Although regulations do not require that venereal disease rates be recorded for units with strength of less that 5000, this headquarters has instructed unit surgeons to compute their monthly venereal disease rates for their own information, and in order to keep their unit commanders currently informed and plan corrective measures when indicated. Monthly rates in excess of 25 per 1000 per annum are routinely considered excessive, and unit surgeons are required to explain the underlying causes and corrective action taken.

Concerning duty status treatment of gonorrhea, Eastern Defense Command units are instructed in all medical matters to adopt generally the policy of the service command within which they are located.

Our cardex system, which I brought along and intended to pass around, is used by the venereal disease control officer as a consolidated current reference. Because of classified material contained in the cardex system, I am unable to pass it around but will explain it hastily. In this system we have a white card for each unit in the Eastern Defense Command. There is a pink card which has the aggregate rates for each month for E.D.C. troops, AAF Command, Northeastern Sector, Southeastern Sector, and Base Commands. A record is kept of the mean strength, number of cases, days lost, and on the back a notation of the corrective action taken. It is a very handy reference for the venereal disease control officer. The aggregate venereal disease rates for the Eastern Defense Command are shown on blue cards in the cardex system, and I have the rates here. I will read them off: January, 18; February, 19; March, 18; April, 16; May, 17; June, 20; July, 15; August, 18. Those rates seem rather low. However, we have no negro personnel in the Eastern Defense Command, and naturally our rates are lower than the Army aggregate.

Charts and graphs are kept showing comparative rates for the Base Commands, EDC units within continental United States, Sectors, and EDC rates as compared to the Army rates. The extent of commercialized prostitution and allied conditions as submitted by the American Social Hygiene Association are shown in green, red and yellow on a map of the Eastern United States. The green indicates favorable conditions, red unfavorable, and yellow the negro conditions.

Close cooperation and liaison are maintained between the Surgeon's Office, Eastern Defense Command, and the Sector Surgeons. Frequent calls and discussions are necessary as inspections have, for the most part, been conducted by the Sector Surgeons. Since January of 1944 the Surgeon's Office of the Eastern Defense Command has been cut in half.

All agencies connected with venereal disease control, such as the Public Health, American Social Hygiene Association, and Service Commands, have been most cooperative with the Eastern Defense Command in every way.

Directives and letters published from Headquarters, Eastern Defense Command: During the past year directives and letters have been forwarded to Eastern Defense Command units pertaining to the following subjects: Venereal disease school for non-com's, with a minimum of two men from each battery. This directive is dated 28 September 1943, and it has proved very beneficial. Current lists of prophylactic stations, broken down by state. Contact reports on Form 140, which are reported as completed under "Remarks" on the monthly venereal disease report. I think this is worthy of mention because our headquarters in this way can check up on the number of form 140's submitted by subordinate units. Paragraph 2 of this letter states, "An appropriate notation will be made under 'Remarks" on the monthly report on venereal disease to show that report of contact on venereal disease form 140 has initiated for the new cases reported".

Another directive is on the use of sulfathiazole prophylaxis by mouth, combined with central check-in and check-out system. Also, list of regulations pertaining to venereal disease control for use as a ready reference. And, letters containing extracts of conferences, stressing recent developments

and trends, re-emphasizing certain tried and proved methods, and so forth.

The statistical Health Summary is published weekly by Eastern Defense Command Headquarters, and is a command report which deserves especial mention because it is one of our best methods of disseminating information, calling attention to War Department regulations, giving instructions, pointing out deficiencies, and so forth.

By way of the summary, letters, indorsements and telephone conversations, thorough emphasis and re-emphasis have been placed upon such routine and fundamental subjects as "Command responsibility of venereal disease", "Education by means of lectures, films, demonstrations, pamphlets and posters", unannounced physical examinations, the use of individual mechanical and chemical prophylaxis and method of procurement of kits, suggestions as to use of "off limits", andpunishment for failure to report.

General remarks: In addition to all of the methods for venereal disease control mentioned today and those methods not mentioned, the end result cannot be attained unless line officers as well as medical officers are willing and anxious to spend time and effort, educating the men and selling them on the use of individual prophylaxis, and so forth. Too often and I believe in the majority of cases, medical officers think of venereal disease education twice a year, and when the required lecture has been given to as many men as can be herded together, the officer gives a sigh of relief. Venereal disease rates are directly proportionate to the pride, discipline and morale in an organization, and this is developed only by constant, projected and painstaking effort.

Although venereal disease is a command responsibility, it is the responsibility of the medical officer to advise the commander of adverse conditions and recommend corrective measures. This factor has been emphasized within the Eastern Defense Command. In addition, we have attempted to have our medical officers develop a closer relationship with local health authorities.

I consider the question of venereal disease control similar to that of an old dam with a few recurring leaks in it, which if not plugged would enlarge and cause the structure to eventually break, where if constant and diligent care is given, and the holes plugged as they occur, the dam cannot only be maintained in good condition but may be improved.

COLONEL MARSH: One of the things that we have to contend with in the Second Service Command is the published high rate of venereal diseases which on paper gives us a black eye. You heard General Terry say this morning that as far as the troops actually comprising the Second Service Command were concerned, the rate was low. One of the biggest contributing factors to the high rate of the geographical area of the Second Service Command is the New York Port of Embarkation. There again, I don't think, the New York Port of Embarkation is responsible for its high rate, and Major Schwartz, the Venereal Disease Control Officer of the Port, will explain to you, where the high rate is coming from.

MAJOR SCHWARTZ: Colonel Marsh, ladies and gentlemen: I am going to limit my talk to a discussion of the Venereal Disease Control Program for troops passing through the New York Port of Embarkation to overseas theaters. These are the troops that Colonel Marsh, I think, referred to primarily, and I think the statistics that I will give you will remove the black eye from the Second Service Command. The program in effect for our station complement or permanently-assigned troops is similar to programs in operation at other Army installations.

As you know, a port of embarkation is responsible for overseas troops from the time they arrive at a staging area until the time they are debarked at an overseas theater of operations. Venereal disease control for these troops has three main objectives. One is to decrease the number of troops withdrawn from shipment because of a venereal disease. The second is to reduce to a minimum the number of troops arriving at an overseas port with acute symptoms of a venereal disease. The third is to reduce the number of cases of venereal disease acquired while at the staging area.

Now, at the staging areas, troops are medically processed before embarking on transports. Due to the short stay at the staging area, cases of venereal disease must be detected promptly. For this reason, we inspect all troops twice, on arrival and on departure. Actually, Army Regulations require only one inspection within 48 hours of embarkation. We have found, however, that an inspection immediately upon arrival at the staging area permits us to detect communicable disease, obvious physical defects and venereal disease that would otherwise not be found until the inspection prior to embarkation. The number of cases detected at the staging areas amounts to 1.5 per 1000 white troops and 22 per 1000 colored troops. Now, these figures, of course, are not comparable to the ordinary rates because ordinary rates have a time basis, but since these troops move in and move out so quickly -- a whole division may stay just a few days -- I thought it would be better to present these as just overall figures on a basis of per 1000 troops passing through the port. These figures, again, are 1.5 per 1000 cases found among white troops at the staging area and 22 per 1000 colored troops. These rates include both new and old cases of venereal disease -- which, again, is a little different from the ordinary rate, but to evaluate the complete problem at the staging area we must include old cases because they usually present a greater problem than the new cases.

These are high rates and reflect the fact that overseas troops receive furloughs just before moving to the port. Some men contract a venereal disease as a "last fling" and some are careless because of the mistaken impression that venereals are not sent overseas.

All cases of venereal disease are hospitalized for treatment and are not treated on a duty status. Cases of gonorrhea are treated initially with penicillin. This procedure was authorized by the Surgeon General because of the urgent need for delivering troops overseas in condition for duty as expeditiously as possible.

Venereals are selected for shipment by the staging areas in accordance with specific instructions from the War Department. We ship all venereals except for the following: We do not ship chancroid or undiagnosed penile ulcers. We do not ship primary and secondary syphilis unless two injections of an arsenical have been administered. We do not ship gonorrhea with complications. And we do not ship granuloma inguinale and lymphogranuloma venereum. In general, this means that we send all venereals who with proper treatment may be expected to be asymptomatic by the time they arrive at an overseas port.

You may be interested to know that the number of cases embarked amounts to 1.3 per 1000 white troops and 17.5 per 1000 colored troops. The number of men withdrawn from shipment, because of venereal disease is .08 per 1000 white troops and 3.5 per 1000 colored troops. Most of these withdrawals are subsequently reassigned and shipped with other units.

All active venereals selected for shipment are hospitalized on the transport at the time of embarkation. We have an arrangement whereby the names of venereals are checked on the loading rosters and these men are pulled out at the gangplank and sent to the ship's hospital. If there is not sufficient space in the hospital to accomodate the venereals, a section of the ship is selected and designated as part of the hospital area for the duration of the voyage. This plan of locating all venereals in one area on the ship facilitates treatment and observation of these cases.

On the transport, cases sent on for observation are checked daily. All new cases detected en route are hospitalized. Cases of gonorrhea are immediately treated with penicillin. Cases not responding within four days are retreated with a second schedule of penicillin. Cases developing penile lesions cannot be treated unless a dark-field examination is positive. On ships that do not have dark-field microscopes, men with penile ulcers must be held untreated and delivered to the Surgeon at the port of debarkation. The number of cases detected at sea amounts to 1 per 1000 white troops and 11.5 per 1000 colored troops. These figures include both diagnosed and undiagnosed cases. You can see there immediately the problem that comes up when we send over a shipment that has largely colored troops. Sometimes a ship will go out with as many as two or three thousand colored troops, which means that the treatment of venereals en route is the biggest job on the ship.

On the transport, it is often a difficult problem to treat all men with syphilis registers. About 4 per 1000 white troops and 83 per 1000 colored troops have syphilis registers. It is customary for the Transport Surgeon to notify the unit officers of the time and place of syphilis treatments. In turn the unit officers send their men with syphilis and their registers to the Transport Surgeon. At times a considerable amount of checking must be done to be certain that all men with syphilis receive treatment.

On arrival at the port of debarkation, the Transport Surgeon refers for hospitalization all cases who are symptomatic at the time of debarkation. All others are sent to duty with their units. The number of men requiring hospitalization for venereal disease at ports of debarkation amounts to .25 per 1000 white troops and 4 per 1000 colored troops. Only 2% of the venereals embarked from the New York Port of Embarkation are debarked as venereals at overseas ports.

On returning to the New York Port of Embarkation after a voyage, each Transport Surgeon brings back venereal disease contact reports of cases that developed on his outbound voyage. These reports are then forwarded to the health departments for investigation.

While the troops are at the staging areas, efforts are made to reduce the number of their contacts so that fewer cases develop en route. Passes are short and infrequent, and prophylaxis is stressed. Oral prophylaxis with sulfathiazole is used for all units with high venereal disease rates.

Comparatively new as a venereal disease problem for the Port is the management of rotation troops returning from overseas. These troops stay in our staging areas for 24-36 hours and are then shipped to reception stations in the interior where they are to receive 21-day furloughs. In the interest of public health, it is important that cases of venereal disease among these troops should have adequate follow-up observations before being given furloughs. We have instituted a procedure for relaying information about venereal disease in these units from the Transport Surgeons to the staging areas and from the staging areas to the respective reception stations. As a result of this type of notification, the necessary follow-up observations may be completed before a man who has been under treatment for a venereal disease is permitted to go on furlough.

From the Army point of view, a venereal disease control program should result in a decrease in non-effectiveness because of venereal disease. We feel that our work at the Port has been of assistance in attaining this objective.

COLONEL MARSH: "The Venereal Disease Control Program in the Air Corps" will be discussed by Captain Yoke, Venereal Disease Control Officer of the Army Air Base, Mitchel Field.

CAPTAIN YOKE: Colonel Marsh, ladies and gentlemen: I am the Venereal Disease Control Officer at Mitchel Field and this discussion of mine doesn't come from the Surgeon or the First Air Force, but from the directives I'll make an outline that I think is fairly representative of what the Air Force is trying to do with the control of venereal disease.

The venereal disease program of the Air Corps can be divided into three parts for purposes of discussion: first, education; second, cooperation; and third, administration. Under all these phases the venereal disease problem is approached with a non-punitive attitude.

The educational program is so constructed that it will include all personnel, both officers and enlisted men. That part is important in the Air Force because I believe we have a larger percentage of officers than any other branch of the Army or the military forces. This instruction includes the subjects of human anatomy, mostly of a genital nature; epidemiology of the venereal diseases; the methods of transmission of these diseases, symptoms and the course of these diseases as outlined to all personnel; and a general idea and a statement of the effectiveness of treatment is also given in the lectures. Emphasis is placed upon prophylaxis, which includes, first, continence; second, the locations and reasons for pro-stations at local stations and in adjacent service commands -- there are printed directories of these stations in the larger populated cities that are put out, in my instance, by the Second Service Command; also, the reasons for and the proper use of the pro-kits. We lay particular stress on that because of our venereal rate which we know is highest with the men who have been on three-day passes or furloughs.

All methods of instruction are utilized, such as lectures; films obtained from the Second Service Command, from Public Health, from any source possible if they are now acceptable films and film-strips. Charts and blackboards are used; models; and slides of venereal disease lesions are used by the Medical Officer, in which the Medical Officer always explains these lesions to the personnel; the distribution of pamphlets and posters; and venereal disease sub-control aides who have had special training in V.D. control. This is a particularly valuable aid, and, in our instance, especially with the colored personnel.

We have had the best success with men who have been well-liked and it is not a makeshift affair when they are appointed as aides. They must be intelligent men.

An appropriate place is selected for instruction so that there won't be a lot of distraction. It is desired that the lecturer himself have a genuine interest in his subject.

This educational program is a constant and sustained effort, making use of it at every opportunity.

The program also emphasizes the cooperation of both the military and the non-military. The military aspect includes the cooperation of the commanding officers of both station and individual units; cooperation of the provost marshal and the chaplain, and also the surgeons of the separate units. The Special Service Officer should cooperate in helping to provide essential instructional facilities; also a recreational program for the personnel when off duty. Cooperation also includes the proper reporting of contacts in the new V.D. cases and the follow-up of these cases and the reporting of all suspected V.D. cases. If you have all the cases that are suspected and the men know they are going to be reported, they will pay more attention to their prophylaxis and avoid venereal disease. Monthly meetings of the V.D. Control Board. This is the method by which we get in direct contact with the commanding officers of all units and the chaplain,

and the reporting of all suspected V.D. cases. If you have all the cases that are suspected and the men know they are going to be reported, they will pay more attention to their prophylaxis and avoid venereal diseases. Monthly meetings of the V.D. Control Board. This is the method by which we get in direct contact with the commanding officers of all units and the chaplain, provost marshal and other interested officers. The "off limits" restriction needs the cooperation of the military if it is needed. Interchange of venereal disease control ideas among Air Force stations. We have our own conferences, periodic conferences in the Air Force, where we hold meetings, and not one day like we have here but one week of it. We get saturated during that meeting but we do get helpful ideas from everyone in the treatment and in the control of venereal disease.

The cooperation of the non-military aspect is obtained to a great extent through the public health authorities who are personally contacted in each individual local district. Prompt informative contact reporting is of paramount importance. Representation of Public Health, Alcholic Beverage Control Board and the D.A. office at Venereal Disease Control Board Conferences. Representatives of these non-military organizations are invited in, and they do cooperate and send a representative to our Venereal Disease Control Board conference and the problems are discussed with them; and they help us with what they want us to provide as to information about difficult problems of taverns and so forth and any concrete information if our venereal disease report shows procurement has been in one particular place or one particular section more than it should be; and that place is visited by the provost marshal and the Venereal Disease Control Officer, as a rule. We also have conferences with civilian organizations to increase public interest in venereal disease control.

Now, the administration aspect of the venereal disease control program is manifested by intelligent and prompt follow-up of all V.D. cases; the isolation and restriction of infective cases; a smoothly working V.D. Department. If the V.D. Department and clinic are working smoothly and cases are followed up thoroughly and in every case there is more interest in the post, your station becomes more V.D. conscious. The regular unannounced physical inspection of personnel is an aid in keeping the V.D. question before the personnel.

We endeavor to individualize each V.D. control program to suit the situation for that station and community. That takes in instances where we have staging areas, like Mitchel Field. Men come in and go away quickly, These men all get a lecture immediately on arrival and are warned about our heavy V.D. rate in the civilian population surrounding Mitchel Field, and we have had pretty good results. There is the other problem of other men returning from overseas that touch at Atlantic City and are sent on 21-day furloughs. These men have to be warned of the high prevalence of venereal disease in our civilian population in order to keep it down. That is where the largest rate in the Air Force is increasing; the rate is increasing more rapidly in that class of individuals than the others. Thank you.

COLONEL MARSH: The next speaker is the Venereal Disease Control Officer of the Second Service Command, who will speak on, "Plans for Routine, Periodic Conferences of Venereal Disease Control Officers, Representing Ground Forces, Service Forces, Air Forces, Eastern Defense Command, Ports of Embarkation and Navy". Major Altshuler.

MAJOR ALTSHULER: Colonel Marsh, ladies and gentlemen: The problems of venereal disease control are so broad and complicated, interlocking and far-reaching, that to discuss these problems in the time allotted would be impossible. I would like, however, to discuss some innovations that we are trying out in this service command with apparent success.

Vending machines; vending machines for individual prophylactic materials. Several of our installations are now equipped with vending machines for prophylactic materials. These are made available in day rooms, post exchanges and places of assembly on the post. It is our plan to have them installed off the post in waiting rooms, men's rooms, certain clubs where enlisted men frequently assemble. The vending machine is designed to hold four different type packets. There should be no problem for the vending of the mechanical prophylactic materials. The individual chemical prophylactic packet or Pro-Kit presented a problem for a short time, but the vending machine people have some sort of pasteboard containers that the vending machine can be used. I think the cost of these pasteboard containers is two for a penny. You probably noticed the vending machine in the lobby when you came in. Now, we are not in the business of vending machines; we are not trying to recommend that particular vending machine; but that is the only one we know is available at the present time. Under the provisions of Paragraph 10b, AR 210-65 these may be purchased through the Army Exchange Officer on your post on your recommendation. Now, we have been in touch with the Army Exchange people at 52 Broadway, and they said that the purchases could be made on the recommendation of the Army Exchange Officer.

The thing, I think, to remember and to be warned about is the changing of these prophylactic materials. They should be changed at frequent intervals so that items which may have deteriorated through age may not be sold.

We have also the individual prophylactic items. These are made available at our larger prophylactic stations which are located at Pennsylvania Station, Grand Central Station and Harlem Hospital. The Pro-Kit, that is the individual chemical prophylactic packet, is recommended for this type of distribution. However, both types are made available, but we understand that soon the S.G.O. will not make the mechanical type available, and the chemical type will be the one that will be used for issue. Now, some of you may be curious to know how they are issued. They are issued by the Medical Supply Officer under the provisions of Paragraph 23 b (2) (b) 3, WD Circular No. 125, dated 30 March 1944. It states that if a unit does not have a unit fund, these prophylactic items may be obtainable by just stating that there is no unit fund. In the preparation of our next official list of prophylactic stations, we will include the names

of these stations in which prophylactic items will be available to the enlisted men upon request.

I would like to say a few words about the Pro-Kit or individual prophylactic packet. You probably all know about it. This packet consists of 15% sulfathiazole and 30% calomel. It was developed and used in Liberia with great success. The margin of error was less than 1%. We feel that it is the nearest item we have to a perfect individual venereal disease prophylactic. It has these advantages: It is a single tube affair, is readily available, painless, not complicated, not messy, and can be carried by the individual so that it can be used immediately after exposure. A wash cloth saturated with soap is inclosed in the packet with an instruction sheet written in very simple language. By an intensive educational program and the making of the Pro-Kit available, we believe the use of the prophylactic station may to some extent be eliminated. The cost at the present for a prophylactic treatment at our prophylactic stations is far in excess of the cost of a packet. In fact, we have kept figures on the cost of one prophylactic treatment in our prophylactic stations, and we find it runs to $18 to $20 for one treatment, and I think the packet runs to four or five cents a packet.

We have started a venereal disease control aides school. Now, we don't call it school; it is called conferences, a series of conferences. Paragraph 22, AR 40-210, dated 16 September 1942, places the responsibility for venereal disease control on unit commanders. The Surgeon, under the provisions of this regulation, initiates and supervises, and the commanding officers put into effect measures designed to prevent the occurrence of venereal disease. The specific objectives of these measures are the reduction of venereal exposure, routine use of prophylactic methods during and following possible exposure to venereal infection, and the education of personnel under military control, with reference to the prevention of venereal disease, and early segregation and prompt treatment of venereal disease. To assist the unit commander in the discharge of his responsibilities, we are holding several conferences for enlisted men and non-commissioned officers to indoctrinate them as venereal disease control aides. These conferences are being held at the Regional Hospital, Fort Monmouth, New Jersey. We believe that actual venereal infections would reach a low level if every soldier really knew and understood all the facts relative to the spread of these diseases, the damage which sometimes results to vital organs, and the complications which may occur even under ideal therapy, as well as the necessity for adequate prophylaxis should exposure to potential infection occur. This premise necessitates an educational program comparable in scope and detail to other instructions given to soldiers relative to proper use of protection from gas attack by gas masks or the use of rifles and machine guns in attacking an enemy-held position. Each conference period covers five days and is limited to twenty-five members. Subsequent conferences are held every other week.

We recommended that the commanding officer of each company or similar unit select the men with the following qualifications: We would like to have men who preferably are not qualified for overseas duty, have qualities

of leadership, are well liked by associates, evince interest in the work and have a good educational background.

The course of instruction is conducted on the enlisted man's level by competent medical officers. The courses place emphasis on the following: cause, prophylaxis and treatment of the venereal disease; effects of venereal disease on future health; complications and ramifications of the venereal disease; dangers inherent in neglect, self-treatment, or improper treatment; venereal prophylaxis, mechanical, chemical, and the operation of a venereal prophylatic station; preparation of WD AGO Form 140, (Report of a contact of venereal disease.).

Venereal disease control aides upon completion of this course of instruction receive a certificate of proficiency. They should be able to return to their company and assist the unit venereal disease control officer in the educational program. He can, by talking to small groups or by personal contact, speak to the enlisted men, and tell them the plain facts about the venereal diseases. The venereal disease control officer will also find that these venereal disease aides may be of some assistance in obtaining information for the Form #140. Experience has taught that enlisted men are sometimes reluctant to give information to an officer, but will give the information to trained enlisted men who have the confidence of other enlisted men, with the proper approach.

In conclusion, I would like to mention the subject of my talk. I started to prepare this talk with reference to a joint meeting of all of us, all the V.D. Control Officers representing the various units. I thought it would be nice to get together and listen to our problems and see if we can't help each other out, but I guess the War Department anticipated some of our thoughts; as Section VI, WD Circular #367, dated 9 September 1944, entitled "Joint Army and Navy Disciplinary Control Board", has been issued by the War Department and deals with this subject. We have not received a copy of this circular as yet. The Security and Intelligence Division have been good enough to make an extract of a copy that they have received, available to us. I would like to read the provisions of that section: "In order to provide a vehicle to assist the responsible Army and Navy commanders in effecting closer coordination of their respective law-enforcement agencies in the reduction and suppression of conditions inimical to the morals and welfare of service personnel, the War and Navy Departments have agreed to the adoption of a formal agreement to effect formation of joint Army-Navy disciplinary control boards. Such boards are to be provided for each large community or center of population within the continental limits of the United States where service personnel congregate. These boards are to aid the Army and Navy in discharging their responsibilities under the Eight-Point Agreement. The boards will also serve as boards of hearing available to the venereal public."

Now that is as much as we know about it. The boards have not been formulated. We don't know what their functions will be, but we understand the biggest function is the off-limits feature. One group places an establishment off-limits -- another group moves into the same location and does not

recognize this "off limit" order. This leaves the civilian wondering what it is all about since the Army and Navy are both military as far as the civilian is concerned. Thank you.

COLONEL MARSH: My talk this afternoon concerns itself with the preparation of the WD MD Form 140 (Report of a Contact of Venereal Disease) and an analysis of 5,933 reports of contacts causing venereal infection in soldiers covering the period January 1 to June 30, 1944, inclusive.

The initial attempt to obtain a history should be made by the medical officer and not by the Provost Marshal, since these reports are epidemiological reports and not police reports. As physicians, we are interested in finding the source of infection so that the infected individual may be prevented from infecting others and may be placed under treatment. In event of failure to obtain a history, repeated efforts should be made to obtain the history. Venereal disease control aides have been utilized and have been successful in instances where officers have failed.

Venereal Disease Control Aides have been trained to be tactful in obtaining histories. Prior to taking of the history, the patient should be oriented as to the confidential nature of the report, disposition of report and the ultimate results of the history. Contact histories should be taken in private and not in open wards and offices where other personnel are present. Patients should be specifically told that contacts named will not be arrested or prosecuted, except prostitutes. This idea is quite prevalent among patients.

Distribution of WD MD Form 140.

a. Original will be sent to local or state health officers of competent jurisdiction. In this connection, the City of Wilmington, Delaware, has requested that these contact reports be sent directly to them.

b. Many local health officers are only part time and may not be competent. Therefore, if local health officer is unknown, send report to State Health officers and not to local. Our reason for this is best explained in our experiences at one of our nearby posts. A history was mailed to the local health officer in a very small community. This resulted in a town meeting with open discussion of the contact and a ruling that she be run out of town. Yet, this contact was the wife of a soldier.

A history with remarks that the soldier could identify the contact's place of employment was mailed to a local health officer. Arrangements were made to have the soldier report to the health officer and point out to him the contact. The health officer then proceeded to take the soldier to police headquarters where soldier was asked to sign arrest warrant and refused.

These examples are extreme, but serve to show the need for proper distribution of Forms 140. Many medical officers, when they are unable to

obtain the name of the contact, exert very little effort in obtaining the remainder of the history. If name is unobtainable, a complete description should be obtained, since the same contact named in another report may be identified. Occasionally, identification is made from the descriptive features and place of encounter or employment.

Name and address of places of encounter or procurement are particularly important since many histories giving the name and address, direct attention to the place and contacts may be identified from the descriptive features. The preceding also applies to place of exposure.

Histories should not be limited to one contact. If a patient names more than one contact, the names should all be submitted on a separate form and all histories be as complete as possible. There is a tendency on the part of some medical officers to obtain one history and quit.

Remarks should be used for pertinent facts only, not for "no further information available"; should include information such as "Contact being investigated by private M.D."; "Soldier can identify place of encounter, or home of contact"; "soldier will get in touch with contact"; "Further information will be forwarded in second report".

We have made an analysis of 5,933 reports of contacts causing venereal disease in soldiers covering the period January 1 to June 30, 1944 inclusive. The charts you see on the wall are based on this analysis and the data are very interesting. It will be noted that 18 communities are contributing 78% of the venereal infections in this Service Command. On the basis of these data, we find there are four outstanding problems other than the problem of prostitution in the solution of which you, as civilians, can definitely help by means of your personnel and your interest. They are as follows:

1. Infections in colored troops

2. Pick-up or victory girls

3. Rooming houses or hotels

4. Taverns, restaurants, bars

Chart 1 shows the Second Service Command Venereal Disease rate per thousand per annum. The solid black bars show the rate for colored troops, the red bars show the rate for white troops. It can be readily seen that the rate for colored troops is out of all proportion as compared to white troops.

Chart 2 entitled "Type of Contact", shows that 54% of the sources of venereal infections are the so-called "pick-up" or "victory girl". I understand that a new name has been given this group by this office, and that is "patriotutes". This, I believe, is our most serious problem. I can offer nothing tangible for the solution of this problem. My thoughts on

this matter, however, are several. We must ask ourselves: "Is it a problem of juvenile delinquency?" "Has the school failed -- or the church?" "How about the parents?" "Are the parents taking the proper interest in the welfare of their daughters?" "How many mothers know where their daughters are when away from home?"

Chart 3 entitled "Place of Exposure". Forty five per cent are exposed at home or rooming houses, twenty six persent in hotels and ten per cent in the auto and trailers. The biggest problem here is the rooming house.

Chart 7 entitled "Place of Procurement or Encounter". We find twenty nine per cent of sources of infection are picked up in taverns, restaurants and bars, and twenty per cent in the street, which brings up problem No 4. "What to do about control of taverns, restaurants and bars?"

We have heard discussions on all these problems during this morning's session. I hope you have all benefited by these discussions, and we look for greater cooperation of all organizations interested in our problems.

(Whereupon a recess was taken from 1540 to 1550 EWT, following which the War Department training film "Pick Up" was exhibited.)

COLONEL MARSH: Dr. J. F. Mahoney, Director of the Venereal Disease Research Laboratory, United States Marine Hospital, Staten Island, is going to tell us about "The Latest Results of Penicillin in the Treatment of Venereal Diseases". I think Dr. Mahoney was the original investigator on this work and has probably done more than anyone else. Dr. Mahoney.

DR. MAHONEY: I surely would feel terribly remiss if I failed to compliment the previous speakers on this program. I do not know when I have enjoyed a rapid-fire program as much as I have this one today. Up to this point I am sure that it has all been about as good a program as could be assembled.

Personal contact with the men who are actually engaged in the human side of a social problem is always of distinct interest to us who spend our lives in the laboratory, where we are more or less of a clubby group. We need the stimulation which comes from rubbing elbows with you more active individuals, and it is really good for us to get out occasionally. As John Stokes used to say "to comb the lice out of our beards" and come out and see what's going on.

Throughout the day it seemed to me that a rather gloomy note has been inserted in all this discussion. I do not wish in any way to detract from that. I do not wish to leave the impression with you that we think this job is done. I do, however, see no good reason why anyone engaged in this particular field of effort should feel in any way blue over the results which have been attained.

At a recent discussion with a member of the staff of the Surgeon General of the Army, I was rather thunderstruck to find that the overall venereal disease rate in the United States Army in America was placed at 27 per thousand per year. If we allow 5 of that for syphilis and 2 for the minor venereal diseases, there is a gonorrhea rate of something in the neighborhood of 20 per thousand per year. He further stated that the loss of effective time in the Army from gonorrhea amounted to between 4 and 5 hours per enlisted man per year.

To me, those were most astounding figures, and if they are true and if they hold for the duration, then I feel definitely sure that you men who have been engaged in this work have very little to regret, and you can feel proud that the work has progressed to that point. I feel that almost any metropolitan university would present a rate of almost those dimensions. The gonorrhea rate, which forms the bulk of the venereal diseases, standing at 20, must represent in my mind the impact of the sulfonamide drugs upon the problem.

In evaluating a drug or a therapy we use two methods: Naturally one is the individual patient and individual physician, and the effect of the therapy upon the patient, whether it cures him or not. The other is the public health approach, in which we are interested primarily in th

effectiveness which a therapy possesses to mathematically curtail the opportunity for the transmission of that disease. Any therapy which in an infectious disease will curtail mathematically the opportunity for the spread of that disease must eventually bring about a geometric decline in the incidence of the disease. I think that is sound epidemiology, and it works out in practically every disease with which we have to deal. On that basis our sulfonamide drugs, sulfathiazole especially, must have somewhere exerted an enormous effect upon the overall incidence among the American population. Education and prophylaxis and all the rest must have exerted some influence, but we must assume largely that the sulfonamide drugs contributed the greater share of the good.

Before the sulfonamide group could have been really evaluated, we were all astounded of course at the coming of a really wonderful remedy, penicillin, and in working out its usefulness in gonorrhea we were primarily interested in the dose-time relationship which would produce an effective "cure rate". That term I use with a good deal of liberty. It varies greatly with different workers under different circumstances. The hospitalized group will naturally turn out with a better "cure rate" than an out-patient group. "Cure rate" is a rather vague term which we use in a rather vague way. To know the dose-time relationship which would produce an effective "cure rate" with penicillin was at the outset, and still is, the most important problem which we have to solve.

Our original work with gonorrhea entailed the use of about 120,000 units of the drug administered over a 15-hour period. With that routine in hospitalized patients the results obtained were entirely satisfactory. I think we had one resistant patient, and we did not have to give up on that one. We eventually cured him with penicillin without having to resort to other drugs.

There then took place a series of studies in which we endeavored to get astride of the optimal dose-time relationship for an out-patient service, as it must be an out-patient service if the therapy is to attain its maximum usefulness. We must have a therapy which we can place in the hands of the average doctor. In the control of gonorrhea a therapy of that kind was badly needed. We have been able in recent months to work the dose-time relationship down to two doses of 100,000 units given four hours apart, or two doses of 100,000 units given eight hours apart. Each is capable of attaining a very acceptable cure rate, in the neighborhood of 90%. If we go back to the use of our criteria of curtailing the mathematical opportunity for the disease to spread, it is sufficient for the public health forces of the country to use. Here we have a therapy which can be placed in the hands of the average physician. All that is required is the visual acuity and manual dexterity to locate a gluteal muscle and strike it with the serum. We have an instrument given to us which will be more than helpful in the combating of gonorrhea.

It is always silly to say that we have seen the last of any disease, or to say that we have seen the last of any biological species in nature. These strains will undoubtedly go on, but as we look over the situation

in a very calm and unbiased way, we cannot help but feel that an instrument on the side of the defense that is of the magnitude of penicillin in the treatment of gonorrhea will undoubtedly exert a marked influence on the future trend of this disease in any population group, and I fully believe when this war is over and when sixty or eighty per cent of the individuals now in the services again assume a normal manner of life, that the influence of penicillin upon the incidence of gonorrhea will be marked. I really feel that eventually this disease is going to recede especially from the position it has occupied in the public health problem in the past. It seems almost inevitable that an effective instrument of this kind can void the incidence, which has already been reduced to the point displayed by the rate the Army has today.

Gonorrhea is a wonderful disease and it has many friends, but if I may borrow an expression from the vernacular of the proletarist, syphilis is a disease which is no "pushover". When we discuss the advancement in the treatment of syphilis we must do it with our hat in our hand. Here is a disease caused by an organism which is facultative. It has fooled us before and will probably do it again. This disease requires the best we have. Here is a disease prone to recur, prone to recede and hide, and prone to relapse. We must have a drug which is effective, and one asministered on the broadest possible basis we can get it.

As to the original work of penicillin in syphilis, it may be of interest to you for me to review the original four cases. We recently saw case No. 1, which has now been observed for seventeen months. He received 1,200,000 units, and he is symptom-free and sero-negative today and has not received other treatment. Two others are in the same situation. No. 4 presented quite a problem. He came to us originally with a penile chancre, which healed rapidly, became sero-negative, and remained so for seven months. He returned with a lip chancre and new serological symptoms. He was re-treated and his serology reverted to negative. On inquiry as to his sex habits recently in order to possibly guard against a third incidence, I asked him how busy he was with all the girls in the neighborhood, He said, "Well, Doctor, I just have four now," and if we cure this he will probably be back with another one anyway.

We have under observation now practically one hundred patients with early syphilis, treated in the uniform manner with 1,250,000 units of penicillin. In even discussing them we must admit that with a disease like syphilis this observation period of up to eighteen months is not sufficient. As we break it down, however, we find we have a group of chancre patients whom we have observed now between six and fourteen months. I am sure you will pardon me if I cite these figures from memory. I do not have a manuscript. We can verify them if anyone is interested. Of 48 penile lesions, dark-field positive and sero-positive, 45 have remained clinically negative and sero-negative. One of those remaining was the patient whom I just mentioned and whom we considered as a relapse, or a treatment failure, although practically beyond doubt he was reinfected. There were two other relapses, one clinically and one serologically.

If we were to draw a conclusion today respecting the impact which this therapy will have upon the public health of the nation, we would say that a new instrument must be erected to administer penicillin to as many cases of early syphilis in the chancre state as we can possibly find, and this would necessitate the scrapping of our old venereal disease technique and our venereal disease set-up as we know it today, and would require a new administrative instrument to bring about the best use of this drug, assuming of course that this type of analysis holds for the rest of the observation.

As we move to a group of some 40 patients with secondary syphilis, treated in the same manner, we find only about half of them have proceeded to a point of negative serology and clinical absence of symptoms. I should leave out the clinical absence of symptoms, because all of the symptoms recede rapidly. We are guided largely by the serology. Some patients revert to negative rather rapidly and stay that way. Some revert more slowly. Some refuse to leave. This brings to the fore once more the fact we have all known in the treatment of syphilis, that some respond and some don't. Just why those that don't respond don't respond, we do not know. If we could effect some way of gauging whether or not a patient was going to respond to a given chemo-therapeutic agent, we would have taken an enormous step in advance.

One of the clinical failures was of extreme interest to all of us. He was a youngster we caught in the sero-negative stage of primary syphilis. The primary lesion receded and the serology remained negative. He came back in ninety days with a recurring chancre at the same site, and he was still sero-negative. I have never seen that before and can't explain it. The second lesion was dark-field positive. We will have a certain percentage of relapses which we must watch for.

I am going back to the old method of interpreting therapy into terms of public health: If a therapy of this kind could be applied to 80% of the chancres which occur in a given population group, I think we would undoubtedly over the course of time be rewarded by a pronounced decline in the incidence of syphilis. I would not be at all surprised to see just that happen, in the event we can accumulate enough information on the whole subject to warrant recommending that this drug be used in that fashion.

As to you who are utilizing this drug, in a practical way you are interested in penicillin, but to us the wave has passed. We have more than enjoyed associated with the development of the drug. Now we find it has opened up in a research capacity an entirely new universe. Here is an approach to curative medicine which has not been canvassed. Here is something which is 500% new, something that in every step you take turns over a new leaf. Our group is having an enormously interesting time in searching for a new anti-biotic of the type of penicillin. I say "of the type"; I should not say that literally because penicillin is a product of mold. The mold population has been pretty well canvassed, but there are other fellows. We are canvassing the sewage bacteria group, and we are canvassing the sea water group, and others I know are doing work with soil bacteria.

Some place in the universe are anti-biotic substances which will exert the same effect on other diseases that penicillin does on gonorrhea and syphilis. If we are fortunate in finding some of these, I am sure that the impact upon other forms of public health work will probably be for us as dramatic as the impact of penicillin on gonorrhea and syphilis. Thank you.

COLONEL MARSH: We next hear from Dr. Pelouze, Special Consultant of the U.S. Public Health Service, whose topic is, "Gonorrhea".

DR. PELOUZE: Colonel Marsh and ladies and gentlemen: I really yet don't know what to talk about. I have listened to your papers today with a great deal of interest, and I have been particularly thrilled with what Dr. Mahoney said.

If you look over the current number of the Journal of American Medicine you will find me labeled, "The Prophet of Gloom". Now, I got the label of "The Prophet of Gloom" just because I don't take certain things hook, line and sinker but tried to see through, and that was mostly with the various things that have come out previous to appearance of penicillin.

Now, nobody could doubt, who has been around Army camps, naval hospitals and has read his journals, nobody could doubt the enormous importance, the enormous value, of penicillin in gonorrhea; and they begin to feel that it is just as valuable, perhaps more so, in syphilis, but that will take time to find out. We don't have to wait for the answer in gonorrhea. So that while you have this treatment in your hands, you are still worried about the disease.

Now, it's been my privilge not only to be in a number of Army hospitals -- quite a few of them in the last few weeks -- and I find a great deal of worry and, well, a great many problems that they have. I went over one service command in a number of hospitals from the standpoint of, "What are your problems?", and they still think they have problems, but if you step out into the civilian population where your soldiers and sailors got their infections, you will find something that doesn't -- well, it doesn't promise much at the present time. There is a beginning feeling among some that one should treat on suspicion and certainly if you have a suspicion, with the drugs that we now have in our hands, you would be missing a very fine public health opportunity in not treating on suspicion. Now, that is all right out in the civilian population when somebody arouses suspicion, but I assure you, having finished last week covering my 25 states from one end to the other (and I met doctors, men in the Army, Navy, and I particularly met thousands of public health nurses and investigators),-- in other words, the nurses and investigators would be together -- I have been in quite a few laboratories, not only in the state laboratories but in many others, -- and I don't find the situation out there very good. There is no idea that we have reached a millenium out there. They know in the civilian population that they haven't got penicillin for the average case of gonorrhea. They are not worried, most of them; they never did worry about gonorrhea.

I doubt if there are any states in the Union that would look with pride upon their present or past gonorrhea control program. They are very glad to

search out the contacts that you military men make to them, but beyond that there is practically no searching out of contacts. The doctors throughout the country, except for the possible exception of New Jersey and one or two other places, just don't report cases of gonorrhea; and if they did report, they probably wouldn't give you any contact information; and there is a tremendous backlog of infections and nobody -- I say "nobody" -- there is not so much being done about it. When you get in state laboratories, well I think it's been pretty well proved, for instance, that diagnosis is needful, particularly if you have no definite reason to believe but are still following your trend of suspicion if you have it, that we should make a diagnosis. We should go looking for gonorrhea.

Now, I know that there are immense syphilis clinics in this country. I recall being at a lay meeting in one of our states where the health officer said to me -- this was a lay meeting, and he just opened himself up beautifully. He said, "Now, I am Health Officer. What would you suggest I do?" I happened to know that in the whole year he had reported 18 cases of gonorrhea, though he had had hundreds of cases of syphilis. Well, I hedged a little bit because I didn't want to answer before this lay group, and finially I said, "Can you take it?" He said, "Yes". "Well", I said, "my idea would be that you just increase that number by looking over your syphilis patients. You probably would find that many cases of gonorrhea every day you tried, or neat it.".

Now, when you get in the laboratories, what do you find? There are some laboratories in this country that are trying to do a very fine job, and are, with the material that they are getting. There also are a lot of physicians sending into laboratories material that no laboratory really could examine. That is particularly so in so-called cervical smears, and they are of importance. The cultures, while under ideal conditions they are fine, at least 90% and probably nearer 99% of the communities in this country just haven't got cultures available. They have to do the best they can with the things they can use. I stood in a state laboratory a little while ago and from the other side of the room was able to pick out the slides that no bacteriologist ought to ever have to hazard an opinion on. They were so thick.

I met the state bacteriologist or laboratorists of a number of states and asked this statement, "What per cent of cervical smears that come into your laboratory are of a type on which you can't give an opinion"; and the generoal answer, I think -- I'm sure it's an exaggeration, but the generoal answer was about 70%. The laboratory in one state said that 75% of the so-called cervical smears were not from the cervex at all; they were vaginal or vulvarous. Well, that is an exaggeration, but I have seen in the laboratories enough of the material that they get to know that the big backlog of infections which makes gonorrhea such a serious thing in the military services, is just not being touched. I say "not being touched". It isn't being followed through.

Now, I know the hesitancy of the services about interfering or having anything to say to physicians on the outside, but I think that the liaison officer, or whoever's duty it is, would do a great job if he just found out

what was happening in the communities, the laboratory side of the communities from which most of his infections come, and see if in a kindly way, without trying to be officious, he could do a great deal towards straightening out things that are not going to give us the full measure of success we have the right to expect. It doesn't make any difference in the world how good a treatment we have, it doesn't do any good to the patient whose disease isn't discovered and who doesn't get the treatment.

Now, another thing. I have been critized to death by nurses and investigators on the outside and they have one particular gripe against the services which, well, because they don't understand. Their particular gripe is the contact report which -- well, the contact occurred two to three months, maybe, before they get the reports, and they said, "What's the use of trying to do anything with that?" Of course, that simply means that the soldier has fooled the doctor in the camp; he had his symptoms before and he didn't report in; and when you find him, quite a time has elapsed. When you explain that to them, why, then they see through it. Now, they are the individuals who are searching out the contacts, and that means a great deal to you, and anything we or you can do to encourage them and get over this depression that you find generally among them is all to the good for a disease control standpoint.

I don't think that we have to be at all pessimistic today about what we can do about gonorrhea when we know the patient has gonorrhea. If we don't think of the big backlog of infections in everybody's community and try to do something about it, we can't clear it all up; but if we in any way can relieve the degree of suspicion on the outside and get across to the medial profession, the health officers, that gonorrhea has to be searched for, we will have gone a long way. That is particularly true in the female. The male may come and tell you he has it, but there is a great deal of hidden gonorrhea in the female; and they can't get over the idea that gonorrhea exists in women who don't have any stigma to suggest it so that if they see nothing suggestive of gonorrhea they lose heart right away.

Now, I realize that that isn't altogether what one might say in the Army, but I have been around a great deal. I still find they have problems. I find that the shift of gonorrhea over to either the medical or the dermatological side has made a lot of doctors feel woefully inefficient, and I find they are still hungry for knowledge about gonorrhea itself.

I don't know of anything else I should cover, and, as a matter of fact, maybe that isn't altogether applicable to your problem, but that is a big problem on the outside; and anything that is a big problem on the outside is of interest on the inside. Thank you very much.

COLONEL MARSH: Thank you very much. Our program calls for us to adjourn at this hour. Are there any questions? I think we can possibly devote a very few minutes if there are any questions. You have been very patient in staying here all day. Has anybody anything he wishes to say?

MAJOR ZUKAUCKAS: Judge Jackson made a statement to the effect that we did not take up the teaching of the officers and the men relative to these youngsters or to juvenile delinquents. I must point out that we do take that up and further we also quote them the Article of War pertaining to rape, and they are well-warned about that fact.

COLONEL MARSH: Is there anything anyone else has to say? Captain Ross?

CAPTAIN ROSS: Colonel Marsh, I just want to thank you for the wonderful instructive program that you have had here today. There is much, of course, that could be said, but I think we can all mull over what we have heard today and it will be of great advantage to all of us.

COLONEL MARSH: A copy of the minutes will be sent to each person that registered. For General Terry, for Colonel Walson, I want to thank you all for staying here and being so patient and for participating in this conference.

(Whereupon at 1705 EWT the conference was closed)

18 September 1944.

QUESTIONNAIRE

1. Do all contact reports clear through the State Health Department?

2. Are they sent promptly?

3. Is action taken on contact reports promptly?

4. Are contact reports sent elsewhere?

5. What is the status of reports as to wife being the contact?

6. Has the number been reduced?

7. If not, where is the rate high and did the questioner explain that his wife would be interviewed?

8. When soldier's memory is poor about location where disease was contracted, what steps are taken?

9. Are steps taken to prosecute third parties? How many since January?

10. How many taverns, road houses,or places of prostitution have been closed since our last meeting?

11. How many complaints were made to Federal or State liquor authorities?

12. How many that are licensed were sent a letter of warning by liquor authorities?

13. How many licenses suspended?.....Cancelled?.....

Revoked?..... Forfeit bond?.....Refusal to renew license?

14. Do state liquor authorities receive reports from post where there is no medical officer? ..... If so, please state where.....

15. In how many instances and where, since our last meeting, have local, town, city, state, Federal Security Agency, State ABC Liquor Authority, Brewing Industry, met to control some local situation?

16. As a result of contact reports, what per cent of girls are located and what action was taken?

17. Has State of New York passed any legislation to prevent examination for venereal disease of suspected women?

18. How many women brought to trial?

19. How many instances where soldier was used as a witness?

20. Are there any instances of difficulty in obtaining soldier as witness?

21. Are there any instances of difficulty in obtaining soldier as witness? .....If so, give details.....

22. Can you suggest any improvement in contact questionnaire?

23. Has there been any change in Dr. Rosenthal's figures as to the age group of girls infected?

24. How many city beds available for the treatment of venereal cases?

25. How many occupied?

26. Is it considered advisable to include two hours on venereal disease prevention in the training course for nurses' aids?

27. What results obtained from the restricted information obtained by the U.S.H.S. reports?

28. Are proper steps taken to reduce venereal disease rate at places indicated?

29. Has anything happened beyond your control affecting the venereal disease rate at your station or district?

30. What steps have you taken to lower colored rate?

31. Have vending machines been installed?

32. Has the technique of using a condom been demonstrated?

33. Are the lectures, talks, movies, etc., pertaining to the venereal disease control as prescribed by regulations being enforced?

34. Is emphasis placed on good morals and continence?

35. Are appropriate recreational facilities available? If not, what action taken to correct deficiency?

36. Are churches, local organizations, motels, clubs, schools, teachers, parent associations, and other influential bodies in civic communities properly contacted for support?

What accomplishments have been made?

37. Do the courts, ABC board, welfare agencies, Army, Navy, Federal, State, and local health officers get together on problems?

38. Has the unit commander been impressed with his responsibility in accordance with Army regulations?

39. Are frequent meetings on venereal disease control held in local communities?

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Subject	Reference
ALCOHOLIC BEVERAGES	
Control in Military Personnel	W.D. Ltr. AG 353.8, 16 Dec. 1940
CLASSIFICATION OF VENEREAL DISEASE	
Definition	A.R. 40-210, 15 Sept. 1942 (par. 21)
COMMAND RESPONSIBILITY	
Broad Outline of Policy	W.D. Cir. 249, 5 Dec. 1941
General Preventive Measures	A.R. 40-210, 15 Sept. 1943 (par. 1 & 22)
Morale	M.R. 1-10, 5 Mar. 1943
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To insure regular treatment.	A.R. 40-210, 15 Sept. 1943 (par. 23f)
To provide prophylaxis	A.R. 40-210, C 3, 1 May 1943
Transmittal of records	A.R. 40-210, C 7, 24 Nov. 1943
CONTINENCE	
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COOPERATION WITH CIVILIAN HEALTH DEPARTMENTS AND OTHER AGENCIES	
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In maintaining Law Enforcement	W.D. Ltr. AG 726.1, 2 Aug 1941
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DIVISION OF SOCIAL PROTECTION	
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Notation on Service Record	A.R. 345-125, C 3, 27 Jul 1939 (par 19)
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Effect of duration of infection	A.R. 345-415, 23 Nov 1943, (par 1f)
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Interpretation of ACT of May 1926	A.R. 345-415, 23 Nov 1933 (par 2)
Loss of pay	A.R. 35-1440, 15 Nov 1933
Loss of pay	A.R. 40-210, 15 Sept 1942 (par 23g)
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Basic regulation	A.R. 615-250, 24 Jul 1942
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Special Diagnoses	A.R. 40-1025, 12 Oct 1940 (par 17d)
Register Card	A.R. 40-1025, 12 Oct 1940 (par 3)
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Transmittal of	A.R. 40-210, C 7, 24 Nov 1943
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Procedure for reporting	S.G.O. Ltr. 726.1-1, 14 Feb 1942
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Change of station	W.D. Ltr. AG 220.31, 29 May 1942
Clearing of field force units	W.D. Ltr. AG 220.31, 26 May 1942
From combat units	W 615-64-43
Overseas - enlisted men - officers	W.D. Cir. 164, 26 April 1944
	W.D. Cir. #164, 26 April 1944
Physical Inspections	A.R. 615-250, 24 July 1942
VENEREAL DISEASES	
Authority for duty status treatment	W.D. AGO Memo W40 2-43, 19 Jan 1943
Diagnosis and treatment comprehensive	S.G.O. Cir. Ltr. #74, 23 July 1942
Gonorrhea	
Diagnosis and treatment	S.G.O. Cir. Ltr. #129, 22 July 1943
Duty status treatment	S.G.O. Cir. Ltr. #62, 1 Feb 1943
Fever Therapy	S.G.O. Cir. Ltr. #86, 18 Aug 1942
Sulfa-resistant	S.G.O. Cir. Ltr. #97, 12 May 1943
In hospital organization	S.G.O. Cir. Ltr. #195, 1 Dec 1943
Inductees - management of	D AGO Memo W40-1-43, 15 Jan 1943
Treatment of	S.G.O. Ltr. (SPMCE) 15 Jan 1943
Penicillin	S.G.O. Cir. Ltr. #125, 16 July 1943
Segregation and Treatment	A.R. 40-210, 15 Sept 1942 (par 23f)
Spinal Puncture	W.D. Cir. #205, 10 Sept 1943 (Sec. II)
Syphilis	
Treatment by unit m.o.	S.G.O. Cir. Ltr. #105, 11 Sept 1942
Treatment in v.d. facilities	S.G.O. Ltr. (SPMCE) 29 March 1943
VENEREAL DISEASE CONTROL OFFICERS	
Relationships to Service Com	W.D. Cir. #53, 17 Feb 1943 (Sec. V)
Duties and Responsibilities	W.D. Ltr. AG 320.2, 6 Feb 1942
WOMEN'S ARMY CORPS	
Education	
Sex Hygiene Course	W.D. Pamphlet 35-1, 28 May 1943
Unit Training Program	W.D.T.M. 35-1, 21 Aug 1943
Physical Inspections	S.G.O. Cir. Ltr. #157, 27 July 1943
Physical Standards	
Recruits	A.R. 40-100, C 5, 27 Sept 1943 (par 17)
Regulations Applicable to	
Female Personnel	W.D. Cir. 172-2 May 1944 (Sec. IV)

**Serological Tests for Syphilis